



CITY OF FORT LAUDERDALE

GENERAL EMPLOYEES' RETIREMENT SYSTEM
GROUP I DESIGNATION OF BENEFICIARY
OFF-THE-JOB DEATH BENEFITS

City Ordinance Section 20-110(e)(2) states the if you die while employed as a City employee from causes not directly related to your employment, your designated beneficiary(s) would receive a benefit as follows:

A monthly pension equal to fifty (50) percent of your monthly pensionable Earnings as of your last date of active employment, until the earlier of ninety-six (96) months of payments or the death of the last surviving beneficiary.

Beneficiary 1 Name _____ Relationship _____ DOB _____

Address _____ Phone Number _____

Beneficiary 2 Name _____ Relationship _____ DOB _____

Address _____ Phone Number _____

Beneficiary 3 Name _____ Relationship _____ DOB _____

Address _____ Phone Number _____

Beneficiary 4 Name _____ Relationship _____ DOB _____

Address _____ Phone Number _____

Beneficiary 5 Name _____ Relationship _____ DOB _____

Address _____ Phone Number _____

I designate the above named beneficiaries to receive benefits on an equal share basis ____ or on an in-order, if-living basis ____

Member Name (print) _____ Department _____

Social Security Number _____ Dept Phone _____

Member Signature _____ Date _____