

GENERAL EMPLOYEES' RETIREMENT SYSTEM  
CITY OF FORT LAUDERDALE

VESTED BENEFITS  
DESIGNATION OF BENEFICIARY

I desire to designate the following as my beneficiary(ies) to receive my death benefit under the vested benefit option of the City of Ft. Lauderdale General Employees' Retirement System:

Full Name of Beneficiary(ies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Address  
\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date