

**MIAMI POLICE RELIEF & PENSION FUND
DESIGNATION OF BENEFICIARY FORM**

I, _____, DO HEREBY DESIGNATE THE FOLLOWING PERSON OR PERSON AS MY BENEFICIARY (IES) AND DIRECT THAT THE BOARD OF TRUSTEES OF THE MIAMI POLICE RELIEF & PENSION FUND PAY TO MY BENEFICIARY (IES), ALL FUNDS DUE ME UPON MY DEATH, WITHOUT LIABILITY. I UNDERSTAND THAT I MAY, AT MY DISCRETION, CHANGE MY BENEFICIARY, BY EXECUTING A NEW DESIGNATION OF BENEFICIARY FORM AND PROPERLY FILLING THE SAME WITH THE BOARD OF TRUSTEES.

PRIMARY BENEFICIARY (IES) (% COLUMN MUST EQUAL 100%)

NAME/ADDRESS	RELATIONSHIP	%	DOB	S S #
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____

CONTINGENT BENEFICIARY (IES) (%COLUMN MUST EQUAL 100%)

_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____

NOTICE: UNDER THE CITY ORDINANCE GOVERNING THIS FUND, IF YOU DO NOT DESIGNATE A BENEFICIARY (IES), THEN UPON YOUR DEATH, YOUR SURVIVING SPOUSE WILL AUTOMATICALLY RECEIVE 100% OF THE BENEFIT. IF THERE IS NO SURVIVING SPOUSE, THEN ALL CHILDREN WILL SHARE EQUALLY. IF THERE IS NO SPOUSE OR CHILDREN, THEN YOUR ENTIRE ACCOUNT WILL BECOME PART OF YOUR ESTATE, AND SUBJECT TO PROBATE PROCEEDINGS. THIS IS AN IMPORTANT LEGAL DOCUMENT. BE SURE THAT YOU UNDERSTAND IT FULLY, BEFORE YOU SIGN IT.

MEMBER SIGNATURE

STATE OF _____
COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS ___ DAY OF _____, BY _____, WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION.

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC NAME (PRINT/STAMP)

TITLE (IF ANY)