



MAIL TO:  
City of Miami Fire & Police  
Retirement Trust  
1895 SW 3 Ave.  
Miami, FL 33129  
FAX TO:  
(305) 858-9008

**CITY OF MIAMI FIRE FIGHTERS' & POLICE OFFICERS' RETIREMENT TRUST  
DESIGNATION OF BENEFICIARY**

Date: \_\_\_\_\_

I, \_\_\_\_\_, S/S \_\_\_\_\_, desire to revoke any previous nomination of beneficiary, which may be inconsistent herewith, and request that the following designations of beneficiary supersede any designation of beneficiary previously filed with the Board of Trustees.

**PART A (Accidental Death Benefits)**

In the event of my death in the performance of duty, before retirement on pension, I, the undersigned, do hereby designate:

Name(s): \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Relation(s): \_\_\_\_\_  
Birth Date(s): \_\_\_\_\_  
Address(es): \_\_\_\_\_

as beneficiary or beneficiaries to whom the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust should pay accidental death benefits as outlined in City of Miami Code Section 40-203 (i)(1) and Section 40-203 (j)(2).

In the event the above beneficiary(ies) predecease me, I further designate as contingent beneficiary(ies):

Name(s): \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Relation(s): \_\_\_\_\_  
Birth Date(s): \_\_\_\_\_  
Address(es): \_\_\_\_\_

**PART B (Ordinary Death Benefit)**

In the event of my death, before retirement on pension, I, the undersigned, do hereby designate:

Name(s): \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Relation(s): \_\_\_\_\_  
Birth Date(s): \_\_\_\_\_  
Address(es): \_\_\_\_\_

as beneficiary or beneficiaries to whom the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust should pay Ordinary Death Benefits as outlined in the City of Miami Code Section 40-203(h).

*Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.*



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In the event the above beneficiary(ries) predecease me, I further designate as contingent beneficiary(ries):

Name(s): \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Relation(s): \_\_\_\_\_  
 Birth Date(s): \_\_\_\_\_  
 Address(es): \_\_\_\_\_

I hereby authorize the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust to make payment to the beneficiary or beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation on account of the benefit. I hereby direct that, should I survive any or all of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate by written designation filed with the City of Miami Fire Fighters' and Police Officers' Retirement Trust in accordance with the rules and regulations prescribed by the Board of Trustees.

The right to change the designated beneficiary/beneficiaries and contingent beneficiary/beneficiaries without their consent is reserved.

\_\_\_\_\_ Member Signature  
 State of *Florida*  
 County of *Dade*

The foregoing instrument was signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_ Commission Expires:  
 Notary Public

*Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.*