

**CITY OF LYNN HAVEN  
GENERAL EMPLOYEES' RETIREMENT SYSTEM**

**MEMBER'S DESIGNATION OF BENEFICIARY**

Type or Print

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**PART A – MEMBER INFORMATION**

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Member's Name (First, Middle, Last)

Date of Birth

Telephone Number

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Address (Street Address, City, State, Zip Code)

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Are you retired? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**PART B – PRIMARY Beneficiary or Primary Beneficiaries in Equal Shares, Survivor(s)\***

| Name              | Sex   | Trust, Estate or Relationship | Birthdate (Mo/Day/Yr) | Present Address |
|-------------------|-------|-------------------------------|-----------------------|-----------------|
| 1) _____<br>_____ | _____ | _____                         | _____                 | _____<br>_____  |
| 2) _____<br>_____ | _____ | _____                         | _____                 | _____<br>_____  |
| 3) _____<br>_____ | _____ | _____                         | _____                 | _____<br>_____  |

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**PART C – CONTINGENT Beneficiary or Contingent Beneficiaries in Equal Shares, Survivor(s)\***

|                   |       |       |       |                |
|-------------------|-------|-------|-------|----------------|
| 1) _____<br>_____ | _____ | _____ | _____ | _____<br>_____ |
| 2) _____<br>_____ | _____ | _____ | _____ | _____<br>_____ |
| 3) _____<br>_____ | _____ | _____ | _____ | _____<br>_____ |

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\*If additional space is needed, USE ADDITIONAL FORMS. Do not attached plain paper or continue on back of this form.

Additional forms attached: YES or NO (Circle One)

If no primary beneficiary survives the member, all benefits payable will be paid to the contingent beneficiary(ies). In the event no contingent beneficiary(ies) survive(s) the member, all proceeds will be paid to the member's estate.

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Date

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Signature of Member

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Date

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Signature of Witness (may not be a named beneficiary)