

**CITY OF LYNN HAVEN
FIREFIGHTERS' RETIREMENT SYSTEM**

MEMBER'S DESIGNATION OF BENEFICIARY

Type or Print

PART A – MEMBER INFORMATION

Member's Name (First, Middle, Last)

Date of Birth

Telephone Number

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

Are you retired? _____ Yes _____ No

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) _____ _____	_____	_____	_____	_____ _____
2) _____ _____	_____	_____	_____	_____ _____
3) _____ _____	_____	_____	_____	_____ _____

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

1) _____ _____	_____	_____	_____	_____ _____
2) _____ _____	_____	_____	_____	_____ _____
3) _____ _____	_____	_____	_____	_____ _____

*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.

Date

Signature of Member

Date

Signature of Witness (may not be a named beneficiary)