



***OFFICE OF RETIREMENT***  
**POLICE OFFICERS' RETIREMENT SYSTEM**

**4205 Hollywood Boulevard, Suite 4  
Hollywood, Florida 33021**

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**PLEASE REFRAIN SENDING BACK THIS DOCUMENT  
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**ALSO USE LAST FOUR OF SOCIAL SECURITY ONLY**

**THANK YOU!**



# City of Hollywood Police Officers' Retirement System

## Beneficiary Designation Form

New Member  Pre-Retirement  DROP  Normal/Early Retirement  \_\_\_\_\_

### EMPLOYEE DATA

Member Name: \_\_\_\_\_ Pension Entry Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Submit Proof) (Submit Proof)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Badge #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### PRIMARY BENEFICIARY

I \_\_\_\_\_ designate the following person as my *primary*  
(Member Please Print Name)  
*beneficiary* entitled to receive any benefits due in the event of my death:

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Submit Proof)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.***

### CONTINGENT BENEFICIARY

I \_\_\_\_\_ designate the following person as my *contingent*  
(Member Please Print Name)  
*beneficiary* entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Submit Proof)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Beneficiary Designation Form - Page Two**

**Member Name:** \_\_\_\_\_

**CONTINGENT BENEFICIARY**

I \_\_\_\_\_ designate the following person as my *contingent*  
(Member Please Print Name)  
*beneficiary* entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the  
primary beneficiary:

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Submit Proof)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Cellular:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**CONTINGENT BENEFICIARY**

I \_\_\_\_\_ designate the following person as my *contingent*  
(Member Please Print Name)  
*beneficiary* entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the  
primary beneficiary:

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Submit Proof)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Cellular:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

By my signature below, I acknowledge that under Florida law a change in my marital status (marriage, divorce, annulment) may affect the Plan's ability to pay benefits to the above designated beneficiary and that it is my responsibility to notify the pension office of any changes to my designated beneficiary. I understand that if an updated form is not on file at the time of my death specifically designating my "former spouse" as my beneficiary, then my former spouse may be treated by the plan as automatically predeceasing me and he or she will not receive a benefit from the plan.

The foregoing designation of beneficiaries revokes any and all prior designations of beneficiaries (if applicable). I also acknowledge that it is my responsibility to notify the Board of Trustees of the Hollywood Police Officers' Retirement System (or their designee) should any change in beneficiary be necessitated in the future, or if there is (are) any other change(s) that may affect the accuracy of this form.

\_\_\_\_\_  
**Member/Retiree's Signature** \_\_\_\_\_  
**Date**

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of:

[ ] physical presence or [ ] online notarization

this \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has  
(date) (name or person acknowledging)

produced \_\_\_\_\_ as identification and did (did not) take an oath.  
(type of identification)

**Beneficiary Designation Form - Page Three**

**Member Name:** \_\_\_\_\_

***Return to: Hollywood Police Officers' Retirement System 4205 Hollywood Blvd., Suite 4, Hollywood, Florida 33021***

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

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

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**Office use only**

*Updated/Entered By:* \_\_\_\_\_

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