



City of Hollywood Police Officers' Retirement System

Beneficiary Designation Form (Internet Version)

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 : _____ Pager: _____

Fax: _____ Cellular: _____

Badge #: _____ E-mail Address: _____

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PRIMARY BENEFICIARY

I _____ designate the following person as my *primary beneficiary*
(Employee Please Print Name)
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: _____ Pager: _____

Fax: _____ Cellular: _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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: _____ Pager: _____

Fax: _____ Cellular: _____

E-mail Address: _____

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CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(Submit Proof)

Phone: _____ **Pager:** _____

Fax: _____ **Cellular:** _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(Submit Proof)

Phone: _____ **Pager:** _____

Fax: _____ **Cellular:** _____

E-mail Address: _____

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.



Employee's/Retiree's Signature

Date

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

Office use only

Updated/Entered By: _____

Date: _____