



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 : (____) _____ Pager: (____) _____

Fax: (____) _____ Cellular: (____) _____

Badge #: _____ E-mail Address: _____

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: _____

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: _____

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: _____

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

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.

Office use only

Updated/Entered By: _____

Date: _____