

BENEFICIARY DESIGNATION / CHANGE FORM

Member Name _____ Last 4 Social Security# _____ General Employee # _____

Address: _____ City _____ State _____ Zip _____

I, _____, do hereby designate my **PRIMARY Beneficiary (ies)** in accordance with Section 12 of the City of Tampa Retirement Plan for General Employees, the below named person(s) to receive the following proceeds upon my death, if applicable: one-time lump-sum death benefit; funds accumulated in my Deferred Retirement Option Program (DROP) account; any uncollected amounts due me by the GE Retirement Fund.

I realize that my heir(s) are my designated beneficiary (ies) or, in the absence of such a designation or if there is no surviving designated beneficiary, my legal heir(s) as determined by applicable law.

Further, I realize that, if married at the time of my retirement, my spouse is entitled to receive a monthly benefit equivalent to 50% of my monthly pension benefit.

(1) Beneficiary Name: _____ Share Percentage%: _____

Relationship: _____ DOB: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

(2) Beneficiary Name: _____ Share Percentage%: _____

Relationship: _____ DOB: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

(3) Beneficiary Name: _____ Share Percentage%: _____

Relationship: _____ DOB: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

(4) Beneficiary Name: _____ Share Percentage%: _____

Relationship: _____ DOB: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Initials _____

Page ____ of ____

Further, in case one or more of my primary beneficiary (ies) are deceased at the time of my death,
I, _____, designate the following as my **CONTINGENT/ALTERNATE Beneficiary (ies)**:

(1) Beneficiary Name: _____ Share Percentage%: _____
Relationship: _____ DOB: _____ Phone # _____
Address: _____ City _____ State _____ Zip _____

(2) Beneficiary Name: _____ Share Percentage%: _____
Relationship: _____ DOB: _____ Phone # _____
Address: _____ City _____ State _____ Zip _____

(3) Beneficiary Name: _____ Share Percentage%: _____
Relationship: _____ DOB: _____ Phone # _____
Address: _____ City _____ State _____ Zip _____

I, _____, hereby direct, that should I survive the above-named beneficiary (ies), any such benefit(s) aforementioned shall be paid to my estate or to such other beneficiary (ies) as I shall hereafter nominate by written designation, duly acknowledged and filed prior to my death with the General Employees' Retirement Fund in accordance with the laws governing the operation of said Fund.

Member Signature: _____ Date: _____

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC TO BE VALID

STATE OF _____ COUNTY OF _____

THE FOREGOING INSTRUMENT was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____, who is ☐ personally known to me or ☐ who provided _____ as identification.

[AFFIX NOTARY SEAL/STAMP]

Signature of Notary

Name: _____
(Print or Type Name)

Notary Public: State of _____

My Commission Expires _____

BENEFICIARY FORM INSTRUCTIONS AND INFORMATION

This form **does not** designate your beneficiary for life insurance benefits and must be on file in the General Employees' Retirement Fund office prior to the death of the member. If there is no beneficiary form on file, your Estate will be named as beneficiary and Court documents must be received by the General Employees' Retirement Fund office naming the person(s) for any available death benefits to be paid.

1. **This form must be filled out completely and signed in the presence of a Notary Public.**
2. Types of Beneficiaries:
 - a. **Primary** – Person(s) to receive any available benefits upon the death of a member.
 - b. **Contingent** – Alternate Persons(s) to receive any available benefits upon the death of a Primary beneficiary.
3. An **heir** is a person legally entitled to the property of another on that person's death. If you have not named a designated a beneficiary (ies) as your heir(s) for any available death benefits, your legal heir will be determined by applicable law.
4. **Share Percentage %:** The proportion share in relation to the whole amount (100%). To determine the equal share for more than one beneficiary, divide 100 by the total number of beneficiaries. For example: John Doe names two primary beneficiaries, the Share Percentage % is $100 / 2 = 50\%$ each; or Jane Doe names three primary beneficiaries, the Share Percentage % is $100/3 = 34\%$, 33% , and 33% .
5. If multiple primary beneficiaries are named with no Share Percentage %, the share will be divided equally. The same rule will apply to contingent beneficiaries with no Share Percentage % noted.
6. Please print full legal names of beneficiaries.
7. If a **Minor** (child less than 18 years of age) is named as beneficiary, a guardian must be appointed by the Court before benefits can be paid.
8. If an **Estate** is named as beneficiary, an **Administrator** or an **Executor**, person responsible for distributing the property of the estate, must be appointed by the Court before benefits can be paid.
9. If a **Trust** is named as beneficiary, the name of the Trustee must be listed as well as the date the trust agreement was completed. A copy of the trust agreement must be submitted with the claim for death benefits.
10. After you have completed this form, be sure to review your designations periodically to determine that they meet your wishes for future payments.
11. Altered forms cannot be accepted. Should you make an error when completing the form, either complete a new form or initial the information that has been changed.
12. Please refer to the City of Tampa General Employees' Retirement Plan, Section 12, for detailed information on death benefits.
13. Return completed form to: **City of Tampa – GE Pension Office, 306 E. Jackson Street 7N, Tampa, FL 33602**; or Fax to: (813) 274-7289. If you have questions, call Tel: (813) 274-7850.