



CITY OF TALLAHASSEE PENSION PLAN BENEFICIARY DESIGNATION

Employee Number	Last Name	First Name	MI
Social Security Number	Date of Birth	Telephone	E-Mail

You may designate one or more individuals as your beneficiary to receive your assets, if any, in the COT Pension Plan in the event of your death. You may designate any person, trust, or your estate. **Contingent beneficiaries are optional—they will inherit if all primary beneficiaries are deceased.** Enter all required information for each beneficiary. If you need to add more than 3 primary or contingent beneficiaries, make a copy of this page and attach it to this form. You may change your beneficiary at any time by completing a new Beneficiary Designation form. (Note: Per Section 732.703, F.S. - After July 1, 2012, if you want your ex-spouse to be a beneficiary on your life insurance or other employee benefits plan products, you will have to make that designation **AFTER** the dissolution of the marriage. Any employees who currently have an ex-spouse as a beneficiary, and want to keep this designation, will have to designate the ex-spouse again after July 1, 2012.)

Marital Status: Check one Box

Please PRINT clearly, using blue or black ink

Single

Married Spouse Name: _____ SSN _____ / _____ / _____

- 1. **Primary Beneficiary(s)** – Indicate percentages if naming more than one primary beneficiary. Percentages for primary beneficiaries must total 100 Percent.

Beneficiary	SSN	Relationship	Birthdate	Sex	Percentages
					%
					%
					%

- 2. **Contingent Beneficiary(s)** – Indicate percentages if naming more than one contingent beneficiary. Percentages for contingent beneficiaries must total 100 Percent.

Beneficiary	SSN	Relationship	Birthdate	Sex	Percentages
					%
					%
					%

I, hereby name the beneficiary or beneficiaries above to receive any lump-sum benefit which may become payable under the City of Tallahassee Pension Plan after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death.

Employee Signature _____

Date: _____