

**CITY OF DELRAY BEACH GENERAL EMPLOYEES' RETIREMENT PLAN  
DESIGNATION OF BENEFICIARY**

In accordance with the provisions of the City of Delray Beach General Employees' Retirement Plan ("Plan"), I hereby designate the following beneficiary (or beneficiaries) to receive any benefits payable upon my death under the terms of the Plan, and also do hereby revoke all previous designations of beneficiaries, if any, made by me under the Plan. This designation may be revoked by me at any time, PRIOR TO RETIREMENT, by written notice of change of beneficiary, in accordance with the Plan, delivered to the Finance Department.

**COMPLETE ALL THREE BENEFICIARY DESIGNATIONS**

**YOU MAY LIST MORE THAN ONE PRIMARY/CONTINGENT BENEFICIARY IN EACH SECTION**

**LUMP SUM PAYMENT (where provided by Ordinance)**

**PRIMARY BENEFICIARY:**

Name: \_\_\_\_\_  
Social Security Number: **\*\*\*\_\*\*\_** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**MONTHLY BENEFIT (where provided by Ordinance)**

**PRIMARY BENEFICIARY:**

Name: \_\_\_\_\_  
Social Security Number: **\*\*\*\_\*\*\_** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**CONTINGENT BENEFICIARY:**

Name: \_\_\_\_\_  
Social Security Number: **\*\*\*\_\*\*\_** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Participant's Full Name	<b>***_**_</b>	Participant's Social Security Number
Participant's Signature	Date	Signature of Witness

**NOTE:** If no designation is in effect at time of death or if a designated beneficiary is not living at that time, the beneficiary shall be the member's estate.

Pursuant to Section 119.071(5), Florida Statutes, your social security number is requested for the purposes of determining eligibility for employment, retirement, pension and insurance benefits, and receipt of Federal and State funded grant programs; performing identification verification and background checks; W-2 and W-9 filing; filing of worker's compensation claims; payment of independent contractors and vendors without a Tax Identification number; payment of EMS transport services; and filing of Paramedic and EMT license renewals. Social security numbers will be used solely for one or more of these purposes.