



# FMPTF

## DROP Account Beneficiary Form

FLORIDA MUNICIPAL PENSION TRUST FUND

In the event of my death prior to the conclusion of my participation in the DROP, I hereby designate the following Beneficiary(ies) to receive my DROP account balance.

Name of Participant: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(If more than one primary beneficiary is designated, provide all information for each beneficiary and percentage of benefit, which must equal 100%)

Contingent Beneficiary(ies): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(If more than one contingent beneficiary is designated, provide all information for each beneficiary and percentage of benefit, which must equal 100%. The designation of a beneficiary is applicable under this plan benefit only if the primary beneficiary designated above is not living at the time of the participant's death.)

If no primary or contingent beneficiary is living at the time of death of the participant, the participant's DROP benefits will be distributed to the participants' estate.

The right to revoke this designation of beneficiary by the participant is reserved by signing and filing with the Employer a new beneficiary designation form. The consent of a participant's beneficiary to any change of beneficiary shall not be required.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Witnessed

\_\_\_\_\_  
Signature of Witness: Plan Official or Notary Public