

THE CITY OF FORT PIERCE RETIREMENT AND BENEFIT SYSTEM

RETIRED MEMBER

CHANGE OF BENEFICIARY REQUEST

PO BOX 1480, FORT PIERCE, FL. 34950-1480
Phone: (772) 467-3000 Fax: (772) 489-2594

This form is for retired members who wish to change their beneficiary. You have the right to change your beneficiary **two times during your retirement per Chapter 13 – Pension and Retirement, Sec. 13-33 – (d)** If a retired member has elected Option A, Option B, Option D, or Option E, and such retired member's annuity payments have commenced, the retired member may thereafter change the designated beneficiary up to two (2) times. Upon receipt of a completed change of joint annuity form or such other notices the board may prescribe, the member's monthly benefit shall be readjusted by the application of actuarial tables and calculations developed to ensure that the benefit paid is the actuarial equivalent of the present value of the members current benefit, taking into account the ages of the former beneficiary, the new beneficiary and the member.

Upon electing a new beneficiary your monthly benefit may increase or decrease. The member shall be responsible for payment of the cost incurred for any such actuarial calculations. The consent of the member's beneficiary to such change shall not be required.

Member Name: _____ Member SSN: _____

Beneficiary Information: (Please Print)

FIRST CHANGE REQUEST:

Provide Full Legal Name:	Relationship:	Social Security #:	Date of Birth:
Provide Complete Address:	Phone #:	Email Address:	
Signature of Member/RETIREE: (Sign in presence of a Notary)			
_____		_____	
Signature		Date	

SECOND CHANGE REQUEST:

Provide Full Legal Name:	Relationship:	Social Security #:	Date of Birth:
Provide Complete Address:	Phone #:	Email Address:	
Signature of Member/RETIREE: (Sign in presence of a Notary)			
_____		_____	
Signature		Date	

I hereby certify under penalties of perjury that the information I have supplied in this form is true, complete and correct to the best of my knowledge. I understand and agree this change of beneficiary will revoke any existing beneficiary designation. The effective date will be the date this form is signed.

Signature Date

_____ (print name) Personally Known _____ OR Produced Identification _____ (Type of Identification Produced: _____) who first being duly sworn, subscribed his/her name before me this _____ day of _____, 20____.

STAMP

Signature of Notary Public Date

Printed Name of Notary Public My Commission Expires

INTERNAL USE ONLY

Received By & Date Changed Date