

## Police Officers' Retirement Fund Beneficiary Form

FROM		TO
<b>NAME</b>		Department of Civil Service & Retirement 500 N. Lake Parker Avenue Lakeland, FL 33801
<b>SS NUMBER</b>		

BY COMPLETING THIS FORM, YOU ARE DESIGNATING THE BENEFICIARY TO RECEIVE ANY AND ALL APPLICABLE BENEFITS FROM THE POLICE OFFICER SUPPLEMENTAL PENSION AND RETIREMENT SYSTEM IN THE EVENT OF YOUR DEATH WHILE EMPLOYED. TO ASSIST IN MAINTAINING A CURRENT FILE, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE DEPARTMENT OF CIVIL SERVICE AND RETIREMENT. YOU MAY CHANGE YOUR BENEFICIARY AT ANY TIME BY COMPLETING A NEW FORM.

### DESIGNATION OF BENEFICIARY

%	BENEFICIARY NAME	RELATIONSHIP	ADDRESS

### IF THE BENEFICIARY(IES) NAMED ABOVE ARE NOT LIVING, THEN PAY:


\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

**WITNESS: (TWO SIGNATURES REQUIRED)**

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