

LAKE WALES FIREFIGHTERS' RETIREMENT SYSTEM

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DESIGNATION OF BENEFICIARY

Please Type or Print Legibly - Page 1 of 2 (Instruction information on page 2)

PART A - MEMBER INFORMATION				
_____	_____	_____		
Member's Name (First, Middle, Last)	Last 4 SS Digits	Telephone Number		

Address (Street Address, City, State, Zip Code)				
PART B -PRIMARY Beneficiary or Primary Beneficiaries in Equal Shares, Survivors or Survivor*				
Full Name & Last 4 SS Digits	Sex	Relationship	Birth Date	Present Address
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
PART C-CONTINGENT Beneficiary or Contingent Beneficiaries in Equal Shares, Survivors or Survivor*				
Full Name & Last 4 SS Digits	Sex	Relationship	Birth Date	Present Address
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional space is needed, USE ADDITIONAL FORMS. If you are attaching additional forms check here: _____

If no primary beneficiary survives the member, all benefits payable will be paid to the contingent beneficiary(ies).

In the event no contingent beneficiary(ies) survive(s) the member, all proceeds will be paid to the member's estate.

Date

Signature of Member

Date

Witness Signature (may not be a named beneficiary)