RETIREMENT	PLAN	FOR	EMPLOYEES	OF	THE	CITY	OF	ROCKLEDGE
*****	****	***	******	***	****	****	***	**********

## DESIGNATION OF BENEFICIARY

SING	TE	PART	מדר	TPA)	$\Lambda T$

In accordance with the provisions of the Retirement Plan for Employees of the City of Rockledge, I,
receive any death benefit payable, upon my death, under the terms of the Plan.
Date: Employee's Signature Witness
999999999999999999999999999999999999999
MARRIED PARTICIPANT
In accordance with the provisions of the Retirement Plan for Employees of the City of Rockledge, I,
Number and address), to receive any death benefit payable, upon my death, under the terms of the Plan.
Date: Employee's Signature Witness
<u> </u>
CONTINGENT BENEFICIARY
In the event my     {beneficiary}     {spouse} predeceases me I hereby designate (Social Security Number )
and address) as contingent beneficiary or beneficiaries to receive any death benefit payable, upon my death, under the terms of the Plan.
Date: Employee's Signature Witness
Employee's Signature Witness
999999999999999999999999999999999999999

## DESIGNATION OF BENEFICIARY (continued)

I, understand that I may designate a
I,, understand that I may designate a beneficiary or beneficiaries other than my spouse, providing that my
shouse agrees to such designation in writing. Accordingly, I
designate (Social Security Number
designate (Social Security Number and address) to receive any death benefit payable upon my death under the terms of
receive any death benefit payable upon my death under the terms of
the Plan. The designated beneficiary's relationship to me is as
stated:
Date:
Date: Employee's Signature Witness
I,, the spouse of hereby agree to the designation of beneficiary or beneficiaries set forth
agree to the designation of beneficiary or beneficiaries set forth
above and I understand that I am relinquishing my right to any death
benefit payable upon the death of my spouse.
Date:
Spouse's Signature
STATE OF FLORIDA )
COUNTY OF)
COUNTY OF)
TOTAL AND
BEFORE ME, the undersigned, a Notary Public in and for said State and County, on this day personally appeared
and county, on this day personally appeared
whose name
(he)(she) executed the same for the purposes and consideration
therein expressed and in the capacity therein stated.
CITIES INDED SO TENTO ASID OFFI OF COMPANY
GIVEN UNDER MY HAND AND SEAL OF OFFICE, this day of,
19
ל זור אינו אורן אורן אורן אורן אורן אורן אורן אור
(NOTARY SEAL)
Modern Publish Chair
Notary Public, State of Florida
My Commission Expires