

LAUDERDALE-BY-THE-SEA VOLUNTEER FIREFIGHTERS PENSION PLAN

BENEFICIARY DESIGNATION CERTIFICATE

To: BOARD OF TRUSTEES

I hereby make the following beneficiary designation for any survivor benefits due under the above retirement plan in the event of my death:

	<u>NAME OF BENEFICIARY</u>	<u>RELATIONSHIP</u>
Principal:	_____	_____
Contingent:	_____	_____

If any designated beneficiary shall predecease me, the rights and interest of such beneficiary shall thereupon automatically terminate.

If at my death there be no designated principal or contingent beneficiary as to my benefit, if any, then such benefit shall be payable as specified under the plan.

I reserve the right to change the designated beneficiaries at any time upon filling a new written request with the Board of Trustees and which request, when received by the Board of Trustees, shall revoke any prior selection or designation of beneficiary. The consent of a beneficiary shall not be required to effectuate any change.

Member: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Original Received and effective from

This _____ day of _____, 20____.

Board of Trustees

By _____

(One copy for board of trustees; one copy for members)

Note: Most recent signed beneficiary designation form controls.