

CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM

CHANGE OF BENEFICIARY

DATE _____

TO THE BOARD OF TRUSTEES
CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM
HIALEAH, FLORIDA

I, THE UNDERSIGNED, DESIRE TO REVOKE ANY PREVIOUS NOMINATION OF BENEFICIARY WHICH MAY BE INCONSISTENT HERewith AND REQUEST THAT THE FOLLOWING DESIGNATION OF BENEFICIARY SUPERSEDE ANY DESIGNATION OF BENEFICIARY PREVIOUSLY FILED WITH THE BOARD OF TRUSTEES.

I, THE UNDERSIGNED, DO HEREBY DESIGNATE:

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
(2) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
(3) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

AS THE BENEFICIARY TO WHOM I REQUEST THE BOARD OF TRUSTEES OF THE CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM TO PAY IN THE EVENT OF MY DEATH BEFORE RETIREMENT, THE TOTAL AMOUNT OF THE ACCUMULATED ANNUITY SAVINGS CONTRIBUTIONS STANDING TO MY CREDIT IN THE CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM ANNUITY SAVINGS FUND.

I FURTHER DESIGNATE:

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
(2) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
(3) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

AS THE BENEFICIARY TO WHOM I REQUEST THE BOARD OF TRUSTEES TO PAY THE ORDINARY DEATH BENEFIT SHOULD I DIE IN ACTIVE SERVICE.

I HEREBY AUTHORIZE THE BOARD OF TRUSTEES OF THE CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM TO MAKE PAYMENT TO THE BENEFICIARY OR BENEFICIARIES WHOM I HAVE ABOVE NOMINATED AND AGREE ON BEHALF OF MYSELF AND MY HEIRS AND ASSIGNS, THAT PAYMENT SO MADE SHALL BE A COMPLETE DISCHARGE OF THE CLAIM AND SHALL CONSTITUTE A RELEASE OF THE SYSTEM FROM ANY FURTHER OBLIGATION ON ACCOUNT OF THE BENEFIT. I HEREBY DIRECT THAT, SHOULD I SURVIVE ANY OR ALL OF THE BEFORE-MENTIONED BENEFICIARIES, THE AMOUNT WHICH OTHERWISE WOULD HAVE BEEN PAYABLE TO BENEFICIARY OR BENEFICIARIES SHALL BE PAID TO MY ESTATE OR TO SUCH OTHER BENEFICIARY OR BENEFICIARIES AS I SHALL HEREAFTER NOMINATE, BY WRITTEN DESIGNATION FILED WITH THE CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM IN ACCORDANCE WITH THE RULES AND REGULATIONS PRESCRIBED BY THE BOARD OF TRUSTEES.

SIGNED _____
NAME: _____

PRESENT ADDRESS: _____

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

Type of ID Produced: _____

MY COMMISSION EXPIRES

Personally Known: _____

IT IS A CRIME FOR A PERSON WILLFULLY AND KNOWINGLY TO MAKE, OR CAUSE TO BE MADE, OR TO ASSIST, CONSPIRE WITH, OR URGE ANOTHER TO MAKE, OR CAUSE TO BE MADE, ANY FALSE, FRAUDULENT, OR MISLEADING ORAL OR WRITTEN STATEMENT OR WITHHOLD OR CONCEAL MATERIAL INFORMATION TO OBTAIN ANY BENEFIT.

IN ADDITION TO ANY APPLICABLE CRIMINAL PENALTY UPON CONVICTION FOR A VIOLATION DESCRIBED ABOVE, A PARTICIPANT OR BENEFICIARY OF THIS PLAN MAY, IN THE DISCRETION OF THE BOARD OF TRUSTEES, BE REQUIRED TO FORFEIT THE RIGHT TO RECEIVE ANY OR ALL BENEFITS TO WHICH THE PERSON WOULD OTHERWISE BE ENTITLED. FOR PURPOSES HEREOF "CONVICTION" MEANS A DETERMINATION OF GUILT THAT US THE RESULT OF A PLEA OR TRIAL, REGARDLESS OF WHETHER ADJUDICATION IS WITHHELD.

I AGREE TO COOPERATE WITH THE BOARD OF TRUSTEES OF THE CITY OF HIALEAH EMPLOYEES RETIREMENT SYSTEM IN MAKING AVAILABLE THE BOARD, OR AUTHORIZED AGENTS OF THE BOARD, INFORMATION WHICH REASONABLY RELATES TO THE INITIAL PAYMENT OF OR CONTINUING ELIGIBILITY FOR PAYMENT OF PENSION BENEFITS FROM THE FUND. IN THE EVENT I DO NOT SO COOPERATE, THE BOARD, OR AUTHORIZED AGENTS OF THE BOARD, IS AUTHORIZED TO OBTAIN SUCH INFORMATION WITHOUT ADDITIONAL CONSENT.