

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: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SHARE (%): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
BENEFICIARY TYPE:  PRIMARY  CONTINGENT (UPON PRIMARIES DEATH)  TRUSTEE  
(2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SHARE (%): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
BENEFICIARY TYPE:  PRIMARY  CONTINGENT (UPON PRIMARIES DEATH)  TRUSTEE  
(3) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SHARE (%): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
BENEFICIARY TYPE:  PRIMARY  CONTINGENT (UPON PRIMARIES DEATH)  TRUSTEE

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 SAVING FUND.

I FURTHER DESIGNATE:

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SHARE (%): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
BENEFICIARY TYPE:  PRIMARY  CONTINGENT (UPON PRIMARIES DEATH)  TRUSTEE  
(2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SHARE (%): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
BENEFICIARY TYPE:  PRIMARY  CONTINGENT (UPON PRIMARIES DEATH)  TRUSTEE  
(3) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SHARE (%): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
BENEFICIARY TYPE:  PRIMARY  CONTINGENT (UPON PRIMARIES DEATH)  TRUSTEE

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 BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Type of ID Produced: \_\_\_\_\_  
Personally Known: \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_