

RETIREMENT PLAN FOR EMPLOYEES OF THE CITY OF ROCKLEDGE

DESIGNATION OF BENEFICIARY

SINGLE PARTICIPANT

In accordance with the provisions of the Retirement Plan for Employees of the City of Rockledge, I, _____, hereby designate _____ (Social Security Number _____ and address _____), my primary beneficiary to receive any death benefit payable, upon my death, under the terms of the Plan.

Date: _____
 Employee's Signature Witness

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MARRIED PARTICIPANT

In accordance with the provisions of the Retirement Plan for Employees of the City of Rockledge, I, _____, hereby designate my spouse, _____ (Social Security Number _____ and address _____), to receive any death benefit payable, upon my death, under the terms of the Plan.

Date: _____
 Employee's Signature Witness

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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

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RETIREMENT PLAN FOR EMPLOYEES OF THE CITY OF ROCKLEDGE

DESIGNATION OF BENEFICIARY
(continued)

I, _____, understand that I may designate a beneficiary or beneficiaries other than my spouse, providing that my spouse agrees to such designation in writing. Accordingly, I designate _____ (Social Security Number _____) and address _____ to 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: _____
Employee's Signature _____ Witness _____

I, _____, the spouse of _____ hereby 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 _____)

BEFORE ME, the undersigned, a Notary Public in and for said State and County, on this day personally appeared _____, known to me to be the spouse of _____ whose name is subscribed to this instrument and acknowledged to me that (he)(she) executed the same for the purposes and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ___ day of _____, 19__.

(NOTARY SEAL)

Notary Public, State of Florida

My Commission Expires _____