

GENERAL EMPLOYEES' RETIREMENT SYSTEM
CITY OF FORT LAUDERDALE

VESTED BENEFITS
DESIGNATION OF BENEFICIARY

I desire to designate the following as my beneficiary(ies) to receive my death benefit under the vested benefit option of the City of Ft. Lauderdale General Employees' Retirement System:

Full Name of Beneficiary(ies) _____

Address _____

Relationship _____

Employee Signature

Address

Witness

Date