

# CITY OF VENICE

## CHANGE OF BENEFICIARY DESIGNATION

**Member Name:** \_\_\_\_\_ **Member SSN:** \_\_\_\_\_

Please list your beneficiaries below.

<b>1. Primary Beneficiary(s): Indicate percentages if naming more than one primary beneficiary.</b>						
	Beneficiary	SSN	Relationship	Birthdate	Sex	%
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____

<b>2. Contingent Beneficiary(s): Indicate percentages if naming more than one contingent beneficiary.</b>						
	Beneficiary	SSN	Relationship	Birthdate	Sex	%
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____

<b>3. For Option 2 Retirees Only: If you wish to name joint beneficiaries and a contingent beneficiary for a particular primary beneficiary, use this block. (Please do not complete blocks 1 &amp; 2 if you are completing this block.)</b>									
_____	Primary Beneficiary	_____	Date of Birth	%	_____	Primary Beneficiary	_____	Date of Birth	%
_____	Primary Beneficiary SSN	_____	Relationship		_____	Primary Beneficiary SSN	_____	Relationship	
_____	Contingent Beneficiary	_____	Date of Birth	%	_____	Contingent Beneficiary	_____	Date of Birth	%
_____	Contingent Beneficiary SSN	_____	Relationship		_____	Contingent Beneficiary SSN	_____	Relationship	

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE PERSONNEL DEPARTMENT**