

# CITY OF TALLAHASSEE BENEFICIARY DESIGNATION

\_\_\_\_\_  
Name SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee #: \_\_\_\_\_

## FAMILY RECORD - FOR REFERENCE ONLY

Employee Sex:  Male  Female

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Married  Single

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse:  Male  Female

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## *Designation of Beneficiary*

Definitions:

**Primary** beneficiary designates the person (or persons) who would receive any payments in the event of your death.

**Secondary** beneficiary designates the person (or persons) who would receive any payments should the primary beneficiary die before you.

**You may designate more than one primary and/or secondary beneficiary.**

**IN THE EVENT OF MY DEATH, I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE ALL PAYMENTS DUE ME BY THE CITY OF TALLAHASSEE, WITH THE EXCEPTION OF THE PRE-RETIREMENT SURVIVOR'S ANNUITY PROVIDED UNDER PLAN 'C' PROVISIONS FOR GENERAL EMPLOYEES.**

*NOTE: You are responsible for keeping this information updated.*

Name of Beneficiary	Relationship	Street Address, City, State and Zip Code
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### **PRIMARY**

_____	_____	_____
_____	_____	_____

### **SECONDARY**

_____	_____	_____
_____	_____	_____

**I hereby reserve the right to change the designated beneficiaries at any time upon filing a new beneficiary designation with the Pension Administrator. This selection revokes all previous selections on file with the Pension Administration.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date