



CHANGE OF BENEFICIARY FORM FOR NON-RETIREE

(Complete Sections A & B)

Date* _____

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.

A. REFUND OF CONTRIBUTIONS BENEFIT

I, the undersigned, do hereby designate as PRIMARY BENEFICIARY(IES) in equal amounts or as so indicated.

1) Name*	_____	Relationship	_____
Date of Birth*	_____	SSN*	_____
Address	_____	email	_____
City	_____	State	_____
Zip Code	_____		
2) Name	_____	Relationship	_____
Date of Birth	_____	SSN	_____
Address	_____	email	_____
City	_____	State	_____
Zip Code	_____		

as the beneficiary or beneficiaries to who I request the Board of Trustees of the City of Miami General Employees' and Sanitation Employees' Retirement Trust to pay in the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the City of Miami General Employees' and Sanitation Employees' Retirement Trust.

In the event said Beneficiary predeceases me, I _____

designate as CONTINGENT BENEFICIARIES in equal amounts or as so indicated:

1) Name*	_____	Relationship	_____
Date of Birth*	_____	SSN*	_____
Address	_____	email	_____
City	_____	State	_____
Zip Code	_____		
2) Name	_____	Relationship	_____
Date of Birth	_____	SSN	_____
Address	_____	email	_____
City	_____	State	_____
Zip Code	_____		

*Indicates a required field



B.) ORDINARY DEATH BENEFIT

I further designate as PRIMARY BENEFICIAR(IES) in equal amounts or as so indicated:

1) Name*	Relationship
Date of Birth*	SSN
Address	email
City	Zip Code
State	
2) Name	Relationship
Date of Birth	SSN
Address	email
City	Zip Code
State	

as the beneficiary to whom I request the Board of Trustees to pay the Ordinary Death Benefit payable on my account should I die in active service.

In the event said Beneficiary predeceases me, I

designate as CONTINGENT BENEFICIARIES in equal amounts or as so indicated:

1) Name*	Relationship
Date of Birth*	SSN
Address	email
City	Zip Code
State	
2) Name	Relationship
Date of Birth	SSN
Address	email
City	Zip Code
State	

in equal shares, or to the survivors in equal shares, or to survivor.

To the Board of Trustees
The City of Miami General Employees' and
Sanitation Employee's Retirement Trust



I hereby authorize the Board of Trustees of the City of Miami General Employees' and Sanitation Employees' Retirement Trust 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 retirement plan from any further obligation on account of the benefit. I hereby direct that, should I survive all of the before-mentioned beneficiaries, the amount which otherwise would have been payable to the 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 Miami General Employees' and Sanitation Employees' Retirement Trust in accordance with the rules and regulations prescribed by The Board of Trustees.

The right to change the designated beneficiary and contingent beneficiary or beneficiaries without their consent is reserved.

Signature _____

Name* _____

SSN* (last 4 digits) _____

Address* _____

email _____

City* _____

State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Fax # _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

(NOTARY SEAL)

(Signature of Notary Public)

*Indicates a required field

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PAGE 3 OF 3

printed on

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(Name of Notary - Typed, Printed or Stamped)