



CITY OF ST. AUGUSTINE
PENSION FUND MEMBER'S
DESIGNATION OF BENEFICIARY

PART A - Personal Information

Member Name _____ Date of Birth _____ Date of Hire _____ Plan Entry Date _____ M/F _____

Mailing Address _____ City _____ State _____ Zip _____

PART B - Name Change

Change my name from: _____

Change my name to: _____

Reason for change: ☐ Marriage ☐ Divorce ☐ Court Decree

PART C - Contributions

CITY OF ST. AUGUSTINE

Pension Plan: _____

☒ I authorize the Employer to deduct from my
pay contributions which are required for
membership in this plan

Earnings: _____ Yearly

Rehire Date: _____

PART D - **Primary** Beneficiary Designation

Name _____ Date of Birth _____ Relationship _____ Social Security No. _____

Address _____ Percentage _____ %

Name _____ Date of Birth _____ Relationship _____ Social Security No. _____

Address _____ Percentage _____ %

PART E - **Contingent** Beneficiary Designation

Name _____ Date of Birth _____ Relationship _____ Social Security No. _____

Address _____ Percentage _____ %

Name _____ Date of Birth _____ Relationship _____ Social Security No. _____

Address _____ Percentage _____ %

Name _____ Date of Birth _____ Relationship _____ Social Security No. _____

Address _____ Percentage _____ %

PART F - Member Signature

Date _____

WITNESS - Plan Administrator

Date _____