



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 \_\_\_\_\_