

# Coral Gables Retirement System

## Designation of Beneficiary Form

(Ordinance No.994 as amended)

Employee Number: \_\_\_\_\_

### Retiree Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Beneficiary Information

1. Primary Beneficiary(s) - Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. If there is death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

Beneficiary	Relationship	D.O.B	Sex	Percentages
A. _____	_____	_____	_____	_____ %
B. _____	_____	_____	_____	_____ %
C. _____	_____	_____	_____	_____ %
D. _____	_____	_____	_____	_____ %

2. Contingent Beneficiary(s) - Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the employee's estate.

A. _____	_____	_____	_____	_____ %
B. _____	_____	_____	_____	_____ %
C. _____	_____	_____	_____	_____ %

### Disclaimer and Signature

In accordance with the provisions of the Coral Gables Retirement Systems (Ordinance No. 994), I hereby designate the following beneficiary (or beneficiaries) to receive any benefits payable upon my death under the terms of the Ordinance, and also do hereby revoke all previous designation of beneficiaries, if any, made by me under the Retirement System.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notary Public

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

This foregoing document was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_  
Of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_