CITY OF SANIBEL GENERAL EMPLOYEES' RETIREMENT PLAN
DESIGNATION OF BENEFICIARY

1. **PARTICIPANT**

   a. Name:_____
   (Last) (First) (Middle)

   b. Social Security Number: _____

2. **BENEFICIARY**

   I hereby designate the following person as my beneficiary entitled to receive any benefit due in the event of my death:

   a. Name of Beneficiary: _____

   b. Beneficiary's Social Security Number:_____

   c. Relationship: _____ Date of Birth: _____

   NOTE: If relationship is ex-spouse, indicate:

   ☐ Date of Divorce or Annulment: _____; or

   ☐ Date of Court Order to retain ex-spouse as beneficiary: _____

   d. Beneficiary's Address: _____

   CONTINGENT BENEFICIARY

   If the above-named beneficiary dies before me, or is not available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due:

   a. Name of Contingent Beneficiary: _____

   b. Contingent Beneficiary's Social Security Number:_____

   c. Relationship: _____ Date of Birth: _____

   NOTE: If relationship is ex-spouse, indicate:

   ☐ Date of Divorce or Annulment: _____; or

   ☐ Date of Court Order to retain ex-spouse as beneficiary: _____

   d. Contingent Beneficiary's Address: _____

_____ _____
Date Participant's Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who produced _____ as identification, or, who is personally known to me.

Witness my hand and official seal in the County of _____ and State of_____ this _____ day of _____, 20_____.

_____
Notary Public

_____
Notary Seal

CITY OF SANIBEL
SANIBEL MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND
DESIGNATION OF BENEFICIARY

1. **PARTICIPANT**
   a. Name:_____
   (Last) (First) (Middle)
   b. Social Security Number: _____

2. **BENEFICIARY**
   I hereby designate the following person as my beneficiary entitled to receive any benefit due in the event of my death:

   a. Name of Beneficiary: _____

   b. Beneficiary's Social Security Number:_____

   c. Relationship: _____ Date of Birth: _____

   NOTE: If relationship is ex-spouse, indicate:

   ☐ Date of Divorce or Annulment: _____; or

   ☐ Date of Court Order to retain ex-spouse as beneficiary: _____

   d. Beneficiary's Address: _____

   CONTINGENT BENEFICIARY
   If the above-named beneficiary dies before me, or is not available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due:

   a. Name of Contingent Beneficiary: _____

   b. Contingent Beneficiary's Social Security Number:_____

   c. Relationship: _____ Date of Birth: _____

   NOTE: If relationship is ex-spouse, indicate:

   ☐ Date of Divorce or Annulment: _____; or

   ☐ Date of Court Order to retain ex-spouse as beneficiary: _____

   d. Contingent Beneficiary's Address: _____

_____ _____
Date Participant's Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who produced _____ as identification, or, who is personally known to me.

Witness my hand and official seal in the County of _____ and State of_____ this _____ day of _____, 20_____.

_____
Notary Public

_____
Notary Seal