



CITY OF CRESTVIEW

198 N. Wilson St.
P.O. Box 1209
Crestview, Florida 32536

GENERAL EMPLOYEES' RETIREMENT PLAN

PARTICIPANT: _____

I hereby designate the following person(s) as my Beneficiary to receive any employee contributions which are to be refunded in accordance with the provisions of the Retirement Plan, provided that such refund will include any interest accumulated on those contributions and further provided that the interest rate at which contributions will be accumulated will be determined by the Retirement Plan Provisions. If more than one beneficiary is designated, the refund will be divided equally among the beneficiaries* designated below:

BENEFICIARY # 1 Name _____
 Relationship _____

BENEFICIARY # 2 Name _____
 Relationship _____

BENEFICIARY # 3 Name _____
 Relationship _____

BENEFICIARY # 4 Name _____
 Relationship _____

I understand that I may change my Beneficiary (ies) at any time I so desire.

Signature

Date

Witness