CITY OF MIAMI BEACH BENEFICIARY DESIGNATION

In the event of my death, after my retirement from the City of Miami Beach, I designate in the order named, if surviving, the following named person or persons as the beneficiary or beneficiaries.			
Under the terms and provisions of the Group Insurance Contract.			
	I hereby designate, in the order named, if surviving, the following persons as my beneficiary(s) under the terms and provisions of Sec &5.09 of Ordinance No. 2006-3504.		
1	Name	Relationship	Birth Date
		r	
	Address		Social Security Number
2	Name	Relationship	Birth Date
	Address		Social Security Number
3			
	Name	Relationship	Birth Date
	Address		Social Security Number
4		D.1.(1.1)	Prid Da
	Name	Relationship	Birth Date
	Address		Social Security Number
Ļ			
5	Name	Relationship	Birth Date
	- Turne	Telutionistap	
	Address		Social Security Number
6			
6	Name	Relationship	Birth Date
		r	
	Address		Social Security Number
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Circle and connect the numbers of joint beneficiaries; surviving joint beneficiaries will share equally.			
K	emarks and Special Instructions:		
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W	7itnessed By	Sign.	
TAT	Vita accord D.	n .	
	7itnessed By	Date	
rev	vised 3/01		