



**FIREFIGHTERS' PRE-RETIREMENT BENEFIT SELECTION FORM**

Member's Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Department: \_\_\_\_\_ Employee No: \_\_\_\_\_

You are a vested member of the above pension plan and are eligible to select a pre-retirement benefit for your beneficiary in the event of your death prior to retirement. The amount of the monthly benefit will depend on the optional form of annuity which you choose and which the Board acknowledges, as well as any benefits or penalties as mandated legally in effect as of the date of your death. Please initial any **one** optional annuity form listed below which you elect:

\_\_\_\_\_ 1. **TEN YEAR CERTAIN AND LIFE THEREAFTER ANNUITY:** This option provides monthly payments to you as long as you live. If you should die before 120 monthly payments have been made, the same amount will continue to be paid to your designated beneficiary (as listed in your most recent Beneficiary Form on File with the Pension Board), if living at the time of your death, until a total of 120 monthly payments have been made in all.

\_\_\_\_\_ 2. **100% JOINT AND LAST SURVIVOR ANNUITY:** This option provides monthly payments to you as long as you live. Your designated beneficiary (as listed in your most recent Beneficiary Form on File with the Pension Board), if living at the time of your death, will then receive monthly payments of the same amount as long as he/she lives.

Member's Date of Birth: \_\_\_\_\_ Member's Date of Employment: \_\_\_\_\_

I accept the terms above on behalf of my beneficiary and myself.

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by the Palm Bay Police & Firefighters' Pension Plan, Board of Trustees, as recorded in the minutes of \_\_\_\_\_ by Chairperson \_\_\_\_\_.