



**CITY OF BOYNTON BEACH
MUNICIPAL FIREFIGHTERS
PENSION TRUST FUND**



**2100 North Florida Mango Road
West Palm Beach, Florida 33409**

Telephone: 561.340.3470

Toll Free Fax: 866.769.0678

PLEASE REFRAIN SENDING BACK THIS DOCUMENT
UNSECURED VIA E-MAIL. OTHER ALTERNATIVES US MAIL, FAX
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ALSO USE LAST 4 OF SSN ONLY.

THANK YOU!

Remember to Visit Us: bbffp.org

City of Boynton Beach Firefighters' Pension Fund

Request to Amend Beneficiary

RETIREE DATA

Member Name: _____

Pension Entry Date : ____/____/____ Retire/DROP Entry Date : ____/____/____

Marital Status: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone : (____) _____ Cellular: (____) _____

ORIGINAL PRIMARY BENEFICIARY

I _____ originally designated the following person as my *primary*
(Retiree Please Print Name)
beneficiary upon retirement/entry into the DROP. He/she was entitled to receive a
_____ benefit as defined by city ordinance:

(Form of Benefit Selected)

Beneficiary Name: _____ Relationship: _____

(Submit Proof)

Male: ____ Female: ____ SS#: ____ - ____ - ____ Date of Birth: ____/____/____

(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

REVISED PRIMARY BENEFICIARY

I _____ hereby revoke my prior selection above and respectfully
(Retiree Please Print Name)
request to designate the following person as my *primary beneficiary*. He/she is entitled to only
receive the same form noted above:

Beneficiary Name: _____ Relationship: _____

(Submit Proof)

Male: ____ Female: ____ SS#: ____ - ____ - ____ Date of Birth: ____/____/____

(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

I fully acknowledge that this change must be cost neutral to the City of Boynton Beach Firefighters' Pension Fund. I also acknowledge that any such change must be provided at the actuarial equivalent of the remaining value rather than the initial value, as determined by the Board's Actuary. I also acknowledge that I may only make a change of beneficiary up to two (2) times. Finally, I acknowledge that I may not change the form of the benefit selected.

Retiree's Signature

_____/____/____
Date

Return to: Boynton Beach Firefighters' Pension Fund
2100 North Florida Mango Road West Palm Beach, Florida 33409

Office use only

First ____ or Second ____ Request Effective Date ____/____/____

Current Monthly Amount \$ _____ Revised Monthly Amount \$ _____

Updated/Entered By: _____ Date: _____