

# Enrollment & Beneficiary Designation Form

**Instructions:** New members and active members who wish to update information must complete all sections of this enrollment form. Retired/Inactive members updating or modifying their contact and/or beneficiary information must complete Sections 1 & 2 only.

## Section 1: Member Information

Full Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
Last First M.I. COT Employee Number

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Section 2: Beneficiary Information

If you name a trust as your beneficiary, please include the full name of the trust.

If you name a minor child as your beneficiary, any benefits due your minor beneficiary will not be payable until a guardian for the financial estate of the minor is appointed and documentation provided to the FBA or such beneficiary reaches the age of majority as defined by law.

**Primary Beneficiary(s)**

Full Name	Relationship
1) _____	_____
2) _____	_____
3) _____	_____

**Contingent Beneficiary(s)**

1) _____	_____
2) _____	_____
3) _____	_____

**Tertiary Beneficiary(s)**

1) _____	_____
2) _____	_____
3) _____	_____

**BENEFICIARY CLASS DEFINITION**

**PRIMARY** or the first person(s) or entity in line to receive bereavement benefits. If no primary beneficiary is available, then funds are paid to contingent beneficiaries as designated.

**CONTINGENT** or the second or subsequent person(s) or entity in line to receive bereavement benefits if there is no primary beneficiary available.

**TERTIARY** or the third or subsequent person(s) or entity in line to receive bereavement benefits if there is no available primary or contingent beneficiaries.

*NOTE: If no beneficiaries are living/available to receive bereavement benefits funds will be paid to the estate of the deceased member.*

I do hereby affirm the foregoing beneficiary designation and that this designation shall remain in full force until such time as I submit a separate designation on or after the date of this designation. I acknowledge that if more than one beneficiary is named, benefits will be distributed in equal portions to each beneficiary so named in the order of designation. I also understand that all benefits and distributions are subject to the conditions and/or provisions as cited in the bylaws of the Firemen's Benevolent Association of the City of Tampa, Inc.

Member: \_\_\_\_\_ Witness: \_\_\_\_\_  
Signature Print

Date: \_\_\_\_\_  
Signature

## Section 3: Payroll Deduction

I do hereby authorize the City of Tampa to deduct from my earnings such amounts as may now or hereafter be submitted by the Firemen's Benevolent Association of the City of Tampa, Inc.

Member: \_\_\_\_\_ Witness: \_\_\_\_\_  
Signature Print

Date: \_\_\_\_\_  
Signature

Secretary: \_\_\_\_\_  
Date Received: \_\_\_\_\_