

**Palm Tran, Inc. Amalgamated Transit Union Local 1577**  
**Designation of Beneficiary for One-Time Lump Sum Death Benefit and**  
**Any Remaining Contributions Not Yet Refunded**

Participant Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

\*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension Fund.

**1. Primary Beneficiary**

I hereby designate the following natural person as my principal beneficiary entitled to receive my benefit due in the event of my death. If I am married at death, my death benefit and any remaining contributions must be paid to my spouse unless that spouse has completed and submitted the enclosed Spousal Consent form waiving his or her right to those benefits. If I am married and would like to name a non-spouse Primary Beneficiary, I will provide their information below and submit a completed copy of the Spousal Consent form.

**2. Contingent Beneficiary**

If my named Primary Beneficiary does not survive me, I designate the following natural person as my Contingent Beneficiary entitled to receive any benefit due in the event of my death.

Please Note: To name more than one Primary or Contingent Beneficiary please use a separate sheet of paper and attach it to this form. If you are married, your spouse must be your sole Primary Beneficiary unless he or she waives this right by completing and submitting the Spousal Consent form.

**Primary Beneficiary**

1. \_\_\_\_\_  
 Name Percentage  
 \_\_\_\_\_  
 Social Security No. Relationship  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Date of Birth Phone Number

**Contingent Beneficiary**

2. \_\_\_\_\_  
 Name Percentage  
 \_\_\_\_\_  
 Social Security No. Relationship  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Date of Birth Phone Number

The above designation of beneficiaries for the lump sum death benefit and any contributions not paid as benefits revokes any and all prior designation of beneficiaries for the accounts indicated.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization, this day of \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_.

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_

**PLEASE RETURN TO:**  
 Palm Tran Pension Center  
 3567 Parkway Lane Suite 250  
 Atlanta, GA 30092-5307

Notary Public

NOTARY PUBLIC SEAL:

**Palm Tran, Inc. Amalgamated Transit Union Local 1577  
Spousal Consent Form**

I, \_\_\_\_\_, do hereby swear that the applicant \_\_\_\_\_, a current member of the Palm Tran, Inc., ATU 1577 Pension Plan, is my spouse. I am fully aware that he/she has made an application to retire effective \_\_\_\_\_. I understand that I am entitled to certain benefits upon my spouse's death or retirement. I consent to my spouse's election of a designated beneficiary other than myself.

I am entering into this Spousal Consent form with full knowledge and understanding of my right as a spouse and I acknowledge that I have freely and voluntarily executed this Spousal Consent form.

Spouse's Name: \_\_\_\_\_

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization, this day of \_\_\_\_\_,

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY PUBLIC SEAL:

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3567 Parkway Lane Suite 250  
Atlanta, GA 30092-5307