

**Designation of Beneficiary**

Policyholder: Palm Beach County Firefighters Employee Benefits Fund	Policy Number(s) GL 140337 (Basic)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

**Primary Beneficiary(ies)**

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

**Contingent Beneficiary(ies)** (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- C This beneficiary designation revokes all revocable prior beneficiary designations.
- C Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- C If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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This completed form must be retained by the policyholder (or Plan Administrator, if different). In the event of the death of the Insured, *the original* must be submitted to Reliance Standard Life Insurance Company along with the required Proofs of Loss (see claim form).