

# Dade County Fire Fighters Insurance Trust

Retired Member Policy #645783

PLEASE PRINT ALL INFORMATION CLEARLY

Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Retiree Name: \_\_\_\_\_

Sex: Male or Female (Circle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Single

Married

Divorced

Widowed

I hereby designate the following as my beneficiary (ies)

### Primary Beneficiary (ies)

Name and Address	Percent %	Relationship	Social Security#

### Contingent Beneficiary (ies) \*Will only apply if Primary is deceased

Name and Address	Percent %	Relationship	Social Security#

As a retired member under the Fire Fighters Insurance Trust you are entitled to a Life Insurance benefit equal to:  
**\$25,000 Normal Death Benefit up to age 65**  
**\$16,500 Normal Death Benefit after age 65**

Proper notarization and signature must be obtained to validate beneficiary designations.



Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Florida

SS:

County of Dade

Before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared the above individual and swore the information contained herein to be true and of his/her free will.

Notary Public, State of \_\_\_\_\_

Personally Known

Produced Identification

Identification Produced \_\_\_\_\_

\*\*\*Underwritten by STANDARD LIFE INSURANCE COMPANY, Portland, OR\*\*\*\*