

**CITY OF HOLLYWOOD
EMPLOYEES' RETIREMENT FUND**

**ACKNOWLEDGEMENT OF
NO RE-DESIGNATION OF BENEFICIARY**

I, _____, Social Security Number XXX-XX- _ _ _ _
hereby acknowledge that **I DO NOT** wish to re-designate a new beneficiary under my
Retirement Option Joint & Equal OR Joint & Half, for my City of Hollywood Employees'
Retirement Fund Retirement benefits.

I fully understand that I may re-designation a new beneficiary anytime in the future, which may
result in a decrease of my monthly pension annuity depending on the age(s) of the new
beneficiary(ies). NOTE: In a case where multiple beneficiaries are selected, the age of the
youngest beneficiary will be used in the calculation of benefits.

Printed name of member

Signature of member

____/____/____
Date Signed

Printed name of witness

Signature of witness