



CITY OF OCALA
PENSION BENEFICIARY

Date of Hire: _____ Emp#: _____

Date of Birth: _____ Department/Div: _____

Employee Name: _____

The undersigned Pension participant hereby revokes any previous designation of beneficiary, and does further request that the change of beneficiary herein requested shall become effective upon completion of this form.

Name of Beneficiary: _____

DOB: _____ Relationship: _____

Beneficiary's address: _____

Employee's Signature: _____

Witnessed By: _____ Date: _____