

**Firemen's Retirement System of St. Louis
DROP Beneficiary Election**

BENEFICIARY DESIGNATION

DATE _____

I wish to designate the following person to be my beneficiary for the D.R.O.P. account.

Beneficiary Name: _____ SS# _____

Relationship: _____

Beneficiary's Address: _____

City: _____ State: _____ Zip Code: _____

Contingent Beneficiary Name: _____ SS# _____

Relationship: _____

Contingent Beneficiary's Address: _____

City: _____ State: _____ Zip Code: _____

As the spouse of the member listed above, I understand that I have not been named as beneficiary to receive the member's DROP benefits in the event of my spouse's death. (Your signature must be witnessed by a notary public).

Spouse's Signature: _____ Date: ____/____/____

Notary's Signature: _____ Date: ____/____/____

Notary Seal

This beneficiary election will continue to be effective unless I submit (and the System's Administrative Office receives) a new beneficiary designation on a form adopted by the Board.

(MEMBER'S SIGNATURE)

(WITNESS)