

ATTENTION: You may print this page out and fill it out by hand, OR you may fill it out on the computer. Take your pointer, click on the area to be filled in, and then enter the required information. You can use your Tab key to take you through the various fields. When finished filling it out on the computer, you may then print it out, sign it, and return it to Palm Beach County PBA. (*You can manually clear out the form to remove your personal information after printing it out OR close out [quit] your internet browser and Adobe Acrobat, and your personal information should disappear when you relaunch the programs.*)

**Palm Beach County PBA
2100 North Florida Mango Road
West Palm Beach, FL 33409**

PALM BEACH COUNTY
PBA



DEATH BENEFIT
CARD

MEMBER'S NAME: _____

SEX: _____ DATE OF BIRTH: _____

DEPARTMENT: _____

NAME OF BENEFICIARY: _____ RELATIONSHIP: _____

PRIMARY: _____

CONTINGENT: _____

SIGNED: _____ DATED: _____