



APPLICATION FOR RETIREMENT BENEFITS

Plan Name: _____

Name: _____ *Social Security #: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Date of Hire: ____ / ____ / ____ Date of Entry: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: (____) _____

Other Phone: (____) _____ E-mail: _____

Last day of employment: ____ / ____ / ____

Joint & Survivor Information: *Complete this section only if you want joint annuitant options calculated*

Joint Annuitant Name: _____ *Social Security #: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check the type of Benefit to Calculate:

- Normal Retirement Early Retirement
- Disability Benefit Death Benefit

Proposed Benefit Date: ____ / ____ / ____

(Date Signed)

(Signature of Participant)

(Date Witnessed)

(Signature of Witness:
Plan Official or Notary Public)

*Social Security numbers are requested and maintained on behalf of all plan participants, beneficiaries and retirees for data collection, reconciliation, tracking, benefit processing, tax reporting, and identity verification purposes. Social Security numbers are also used as a unique numeric identifier and may be used for death record searches for retirees.

Acknowledgement of Over/Under Payment Policy

It is required that you understand and affix your signature to the following statement:

“Any overpayments or underpayments from the Fund to a retired Member or Beneficiary caused by errors of computation shall be adjusted with interest at the rate per annum approved by the Board. Overpayments shall be charged against retirement payments next succeeding the correction. Underpayment shall be made up from the Trust Fund.”

I have read and understand the terms and conditions of the above statement.

Signature of Plan Participant

Date

To Be Completed By The City Finance Department

October 1st - ___/___/___

Current Plan Year Employee Contribution: \$

Current Plan Year Salary: \$

Please provide a complete listing of all employee contributions as well as the salary data, based on the definition of salary in the ordinance, for the past 10 years.

Please check one below**:

This retiree will not be reemployed after retirement in any capacity.

This retiree will be reemployed on a part-time basis.

I have reviewed this request for calculation of Retirement benefits and provided the salary history information in accordance with our payroll records.

Employer Signature, Title

Date

**** If a retiree is reemployed on a part-time basis immediately after retirement and the retiree is under the age of 59 ½, a 10% penalty could apply. Retiree should consult with their tax advisor. The 10% penalty is incurred when filing taxes.**

Please submit the following:

- (1) Application for Retirement Benefits
- (2) Direct Deposit Agreement, *including a voided check or deposit ticket*
- (3) Copy of social security cards for you & your beneficiary
- (4) Copy of birth certificates for you & your beneficiary
- (5) W-4P

Return to:

Florida Municipal Pension Trust Fund
ATTN: Retirement Services
Post Office Box 1757
Tallahassee, Florida 32302-1757
Fax: (850) 222-3806
Phone: (850) 222-9684
Email: FMPTF@flcities.com