



APPLICATION FOR RETIREMENT BENEFITS

Plan Name: City of Satellite Beach Fire and Police Retirement Plan

Your name: _____ *Social Security#: _____

Date of Birth: ___/___/___ Date of Hire: ___/___/___ Date of Entry: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Phone: (____) _____ Work ___ Home ___ Cell ___ Phone: (____) _____ Work ___ Home ___ Cell ___

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: (____) _____ Work ___ Home ___ Cell ___

Last Day of Employment: ___/___/___

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

Joint Annuitant Name: _____ *Social Security#: _____ Gender: Male ___ Female ___

Date of Birth: ___/___/___ Relationship: _____

Address: _____ City: _____ State: ___ Zip: _____

Please check the type of benefit to be calculated: ___ Normal Retirement ___ Early Retirement
___ Disability Benefit

***Proposed benefit date: ___/___/___

_____/_____/_____
Signature of Participant Date Signed

_____/_____/_____
Signature of Witness Date Witnessed

(Must be either 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.

** If a retiree is reemployed on a part-time basis immediately after retirement and the retiree is under the age of 59 1/2, a 10% penalty could apply. Retiree should consult with their tax advisor. The 10% penalty is incurred when filing taxes.

***All benefit payments are made on the 1st day of the month unless it occurs on a weekend or holiday, and it will then be posted the next business day.



FLORIDA MUNICIPAL PENSION TRUST FUND

PROTECTING THE RETIREMENT OF THOSE SERVING THE PUBLIC

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 Participant Date Signed

To be completed by the City Finance Department

Please provide a complete listing of all salary data and employee contributions 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 Signed

PLEASE NOTE: We can't provide tax advice; please contact a Tax Advisor when completing your forms and making decisions on your retirement benefit and Federal Tax Withholding.

Check that you have included ALL of the following documents:

- 1. ___ Application for Retirement Benefits
- 2. ___ Direct Deposit Agreement, including a voided check
- 3. ___ Copy of Social Security card, *and for beneficiary/joint annuitant*
- 4. ___ Copy of birth certificate, *and for beneficiary/joint annuitant*
- 5. ___ Form W-4P

Return to:

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

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