



FLORIDA MUNICIPAL PENSION TRUST FUND PROTECTING THE RETIREMENT OF THOSE SERVING THE PUBLIC

Florida Municipal Pension Trust Fund

Mailing address:

ATTN: Retirement Services

P.O. Box 1757

Tallahassee, FL 32302-1757

Telephone: Toll free (888) 945-7401

Fax: 850-222-380

Email: FMPTF@flcities.com

APPLICATION FOR DEATH BENEFIT

This application must be signed in all areas where Signature is requested or it will be returned to you

Employer Name: _____

Beneficiary name: _____ *Social Security#: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email address: _____

Date of Birth: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Work ____ Home ____ Cell ____

Plan Member's Name: _____

Plan Member's *Social Security #: _____

Plan Member's Date of Death: _____

**Proposed Benefit Date: _____

Beneficiary Signature

Date

Signature of Plan Official or Notary

Date

*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.

**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.

