



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

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### APPLICATION FOR DEATH BENEFIT

**Plan Name:** \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ \*Social Security#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Work \_\_\_ Home \_\_\_ Cell \_\_\_

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Plan Member's Name: \_\_\_\_\_

Plan Member's \*Social Security #: \_\_\_\_\_

Plan Member's Date of Death: \_\_\_\_\_

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\*\*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 1<sup>st</sup> day of the month unless it occurs on a weekend or holiday, and it will then be posted the next business day.

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**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.

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

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**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.

**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

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**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 Death Benefit
2. \_\_\_ Copy of Member's Death Certificate
3. \_\_\_ Direct Deposit Agreement, including a voided check
4. \_\_\_ Copy of Social Security card, and for beneficiary/joint annuitant
5. \_\_\_ Copy of birth certificate, and for beneficiary/joint annuitant
6. \_\_\_ 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