



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

APPLICATION FOR RETIREMENT BENEFITS

Plan Name: _____

Your name: _____ *Social Security#: _____

Date of Birth: _____ Date of Hire: _____ Date of Entry: _____

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

Home Phone: _____ Cell Phone: _____ Email address: _____

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)

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 Employer

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.

Date of Hire: _____ Date of Termination: _____

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

*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 ½, a 10% penalty could apply. Retirees 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.