

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

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

## **APPLICATION FOR DEATH BENEFIT**

This application must be signed in <u>all</u> areas where Signature is requested or it will be returned to you Employer Name:

Beneficiary name:		*Social S	Security#:	
Address:	City:		State:	Zip:
Home Phone:	Cell Phone:		Other Phone:	
Email address:				
Date of Birth:				
Emergency Contact Name:		Rela	tionship:	
Emergency Contact Phone:		NorkHome	Cell	
Plan Member's Name:				
Plan Member's *Social Security #:				
Plan Member's Date of Death:				
**Proposed Benefit Date:				
Beneficiary Signature	Date	Signature of Pla	an Official or Notar	y 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.

## 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

## To be completed by Employer:

*If this beneficiary payment is a continuation of a retirement benefit the member was already receiving, Employer signature is <i>not* required.

Please provide a complete listing of <u>all</u> salary data and employee contributions based on the definition of salary in the ordinance, for the past 10 years.

Date of Hire:

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

<u>PLEASE NOTE:</u> 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
- 5. <u>Copy of birth certificate</u>
- 6. \_\_\_Form W-4P

## <u>Return to:</u>

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