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

FMPTF
FLORIDA MUNICIPAL PENSION TRUST FUND

PROTECTING THE RETIREMENT OF THOSE SERVING THE PUBLIC

APPLICATION FOR RETIREMENT BENEFITS

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

Employer Name: _____

Your name: _____ *Social Security#: _____

Date of Birth: _____ Date of Hire: _____

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

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

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Work___ Home___ Cell____

Last Day of Employment, or if entering the DROP this is the day immediately prior to your DROP entry date: _____

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: _____

A joint annuitant would receive a benefit payable through their lifetime after you die. There are different percentages you can choose from. The higher the percentage, the lower your monthly payment. These amounts will only be calculated for you if you complete this section.

Please check the type of benefit to be calculated:

☐ Normal Retirement
☐ Early Retirement *(If applicable)*
☐ Disability Benefit

Proposed benefit date: _____ (This date should be the 1st of the month following your termination date)

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.

_____ _____ _____ _____
Signature of Participant Date Signed Signature of Witness Date Witnessed
(Must be either Plan Official or Notary Public)

_____
Printed Name/Title of Witness

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 is only as of their termination date; this doesn't include the potential of future rehiring:

____ 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*
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.*