CITY OF FORT MYERS GENERAL EMPLOYEES' PENSION PLAN

APPLICATION FOR SERVICE RETIREMENT BENEFITS

Name of Employee:
Social Security Number:
Date of Employment: Date of Birth:
Permanent Address:
Daytime Phone Number:
E-Mail Address:
Type of benefit for which you are applying:
* Normal ()
DROP: Yes No
* Early ()
Deferred: Immediate:
I plan to retire or DROP on:
Last date of work:
If Joint and Survivor option is to be calculated, name of joint annuitant:
Relationship:
Social Security Number:
* Date of Birth:
Address:

* Attach birth certificate or driver's license for proof of age

I hereby request that the Board of Trustees calculate my retirement options based on the information provided above. I understand I will make my final retirement option selection upon receipt of the calculation of the monthly amounts for the various benefit options.

I hereby certify that the preceding statements are true and correct to the best of my knowledge. I also certify that I will adhere to the requirements of the Plan. I understand a false statement may disqualify me for benefits.

This application revokes any prior application.

Signature:

Date: _____

STATE OF _____

COUNTY OF

Sworn to (or affirmed) and subscribed before me, by means of \Box physical presence or \Box online notarization, this _____ day of ______, 20_____ by ______.

Notary Public

Name typed, printed or stamped

My Commission Expires: _____

Personally known OR Produced Identification _____ .

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."