CITY OF GULFPORT
MUNICIPAL POLICE OFFICERS' TRUST FUND
REQUEST FOR SERVICE CREDIT COST INFORMATION FOR MILITARY SERVICE

STEP 1 - COMPLETE SECTION A.

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

Part 1 Fill in your current mailing information.

Part 2 List your active duty military service dates from your Military Certification.

Part 3 Sign and date the request form.

STEP 2 - SUBMIT THE COMPLETED REQUEST FORM.

- Make copy for your records.
- Attach a copy of your military discharge documents for all active duty dates (DD-214, Certification of Military Service Record, etc.)
- Mail the original to the Board's address listed below with a check for $_____, made payable to the Board.

SECTION A: DOCUMENTATION OF SERVICE (to be completed by member)

Have you requested this cost information before? ☐ Yes ☐ No

If yes, list date request was submitted:_____

Have you submitted a retirement application? ☐ Yes ☐ No

Have you purchased credited service for this military service in any other plan? ☐ Yes ☐ No

Part 1 Member information

Name _____ Social Security Number _____

Former Name (if applicable) _____ Daytime Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Part 2 Military Active Duty Service Dates (attach certification)

Armed Forces Branch _____ Enlistment Date (month/day/year) _____ Discharge Date (month/day/year) _____

Part 3 Certification

I understand that if I intend to rollover funds from another pension source in order to purchase all or part of this service credit, I must complete Form PF-20, Rollover Request/Certification. If I do not submit Form PF-20, my purchase will be deemed to have been made with after-tax money and not tax deferred rollover funds.

I hereby acknowledge and certify that the above information is true and correct.

Member's Signature _____ Date _____

Mail To: City of Gulfport Municipal Police Officers' Trust Fund
c/o Pension Resource Center
4360 Northlake Blvd., Suite 206
Palm Beach Gardens, FL 33410

"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."