TOWN OF JUPITER POLICE OFFICERS' RETIREMENT FUND

APPLICATION FOR PENSION BENEFITS

PLEASE PRINT OR TYPE:

	Name of Employee:	(Last)	(First)	(Middle)
b.	Social Security Number:			
c.	Date of Birth:(attach p	roof of age)		
d.	Home Telephone Number: (_))		
e.	Home Address:	(Address)	(Street)	
_		(city)	(state)	(zip-code
f.	The last day I plan to work: _			
a. A	are you currently married?	Yes No	-	
]	If yes, please complete the following	owing:		
b.	Name of Spouse:			
c.	Spouse's Social Security Nun	nber:		
d.	Spouse's Date of Birth:		(attach proof of da	ate of birth)
e.	Date of Marriage:	(atta	ach proof of date of ma	arriage)
Nan	nes(s) and Dates(s) of Birth of	Child(ren):		
	Names(s)		Date(s) of Birth	

Names of Your Living Parents:
a.) Mother:
b.) Father:
a.) Date of Hire by the City as a Police Officer://
I plan to retire on:
Type of retirement for which you are applying: (check one)
Normal Retirement
D.R.O.P.*
Early Retirement
*When entering the DROP you must contact the Finance Department to arrange for a payout of your available accrued leave time. This compensation will be included in the determination of your final average salary, which will ultimately affect your retirement benefits.
Participant's Signature
STATE OF:
COUNTY OF:
Before me, the undersigned authority, personally appeared,
who is personally known to me or has produced as identification and who
did/not take an oath and that he/she has signed the foregoing document for the reasons therein
contained.
SWORN TO AND SUBSCRIBED before me this day of
NOTARY PUBLIC, State of:
My commission expires:
My commission expires: My commission number is:

Return to:

Pension Resource Center 4360 Northlake Boulevard, Suite 206 Palm Beach Gardens, FL 33410