CITY OF LAKE MARY FIREFIGHTERS' RETIREMENT SYSTEM

AUTHORIZATION FOR PAYMENT FROM FUND

TO:				
SUBJECT:	Authorization from Board	of Trustees for Pa	ayment from Fund	
Name of Payee:				
Social Security 1	Number:	W		_
Address for Payr	ment Purposes:			_
Amount of Payn	nent:			
payee, possible payee, possibl	nt benefit, payable monthly for linand subsequent payments the first ease notify the Board of Trusterif any.) y benefit, payable until terminate the payee, please notify the Board benefits, if any.)	day of each mont ees for further in ed by further wri	th thereafter. (Upor nstruction concerns itten notice from Bo	ing survivor oard. (Upon
Death Be 20 further in	nefit, payable to Beneficiary of Mand subsequent payments on the sequent payments.)	ember, first payr first day of each r le death of the pa	ment to be made	payment on he Board for
Refund o	f Member Contributions, including	ıgp	oretax and	after
The foregand authority of	oing authorization and direction f the Board of Trustees.	or payment has b	een made pursuant	to directions
		BOARD OF TRUSTEES		
		By:		_
Date of Issuance				
(1 copy for Disbursi	ng Agent, 1 copy for Board)			
DE Z				

PF-7 01-15-08

CITY OF LAKE MARY FIREFIGHTERS' RETIREMENT SYSTEM MEMBER'S ELECTION OF BENEFIT OPTION (Service Retirements and Terminated Vested)

I,		, have received the	e calculation of my retirem	ent benefit options and I
elect retiremen	nt benefits payable as fo	ollows:	e calculation of my retirem	
	paid to the retiree unt	til death. If the retiree die he surviving beneficiary fo	ND LIFE ANNUITY - The second of the balance of the 10 years from the vill be paid to the surviving	e date of retirement, the ar period. (If the retiree
	Monthly amount	\$		
	LIFE ANNUITY - T	hese benefits are paid to t	he retiree for as long as he	or she lives.
	Monthly amount	\$		
-	JOINT AND SURV the applicable percen	IVOR - These monthly be tage will continue to the re	nefits are paid to the retire etiree's joint annuitant unti	ee until death. At death, l his or her death.
	Retiree's Amount	\$ Percer	ntage - circle one (100%, 7	75%, 66-2/3%, 50%)
	Joint Annuitant's A (Name of Joint Annu	mount \$itant)	
	SOCIAL SECURIT	Y OPTION - These benef te determined by the mem	its provide for a larger amo ber and a reduced amount	ount to be paid to a social thereafter, with benefits
	Amount \$death.	paid to (date)	and \$, thereafter, until
Please (Mem	e indicate the name of y ber's Designation of Be	our beneficiary:	ompleted to confirm this o	designation)
Signature:		Date:		
STATE OF _ COUNTY OF				
The foregoing	g instrument was ackn	owledged before me this personally known to n	day of day of	, 20 by
identification,	and who did not take a	n oath. My commissio	n expires:	
Notary Public PF-9		-		

01-15-08