CITY OF LAKE MARY
FIREFIGHTERS' RETIREMENT SYSTEM

AUTHORIZATION FOR PAYMENT FROM FUND

TO:

SUBJECT: Authorization from Board of Trustees for Payment from Fund

Name of Payee: _____

Social Security Number: _____

Address for Payment Purposes: _____

_____

Amount of Payment: _____

___ Retirement benefit, payable monthly for life, first payment to be made _____, 20_____ and subsequent payments the first day of each month thereafter. (Upon death of the payee, please notify the Board of Trustees for further instruction concerning survivor benefits, if any.)

_____ Disability benefit, payable until terminated by further written notice from Board. (Upon death of the payee, please notify the Board of Trustees for further instruction concerning survivor benefits, if any.)

___ Death Benefit, payable to Beneficiary of Member, first payment to be made _____, 20_____ and subsequent payments on the first day of each month, with the last payment on _____, 20_____. (Upon the death of the payee, please notify the Board for further instructions.)

_____ Refund of Member Contributions, including _____ pretax and _____ after tax.

The foregoing authorization and direction for payment has been made pursuant to directions and authority of the Board of Trustees.

BOARD OF TRUSTEES

By:_____

Date of Issuance: _____

(1 copy for Disbursing Agent, 1 copy for Board)

PF-7
01-15-08

CITY OF LAKE MARY
FIREFIGHTERS' RETIREMENT SYSTEM

MEMBER'S ELECTION OF BENEFIT OPTION
(Disability Retirements Only)

I, _____, have received the calculation of my retirement benefit options and I elect retirement benefits payable under the following option (initial one):

_____ **NORMAL FORM, TEN YEAR CERTAIN AND LIFE ANNUITY** - These monthly benefits are paid to the retiree until death. If the retiree dies before 10 years from the date of retirement, the benefits continue to the surviving beneficiary for the balance of the 10 year period. (If the retiree lives beyond the 10 year period, no benefits will be paid to the surviving beneficiary upon the retiree's death.)

Monthly amount $_____

_____ **LIFE ANNUITY** - These benefits are paid to the retiree for as long as he or she lives.

Monthly amount $_____

_____ **JOINT AND SURVIVOR** - These monthly benefits are paid to the retiree until death. At death, the applicable percentage will continue to the retiree's joint annuitant until his or her death.

Retiree's Amount $_____ Percentage - circle one (100%, 75%, 66-2/3%, 50%)

Joint Annuitant's Amount $_____

(Name of Joint Annuitant _____)

Please indicate the name of your beneficiary: _____
(Member's Designation of Beneficiary (PF-3) must be completed to confirm this designation)

Signature: _____ Date: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by _____ who is personally known to me or who has procured _____ as identification, and who did not take an oath.

_____ My commission expires:
Notary Public

PF-10
01-15-08