

LAKE WORTH FIREFIGHTERS' PENSION TRUST FUND

APPLICATION FOR PENSION BENEFITS

PLEASE PRINT OR TYPE:

- 1) a. Name of Employee: _____
(Last) (First) (Middle)
- b. Social Security Number: _____
- c. Date of Birth: _____ (attach proof of date of birth)
- d. Home Telephone Number: (____) _____
- e. Home Address: _____
(Address) (Street)

(City) (State) (Zip-code)
- f. Email address: _____
- f. The last day I plan to work: _____
- 2) a. Are you currently married? Yes ____ No ____
If yes, please complete the following:
- b. Name of Spouse: _____
- c. Spouse's Social Security Number: _____
- d. Spouse's Date of Birth: _____ (attach proof of date of birth)
- e. Date of Marriage: _____ (attach proof of date of marriage)
- 3.) Names(s) and Dates(s) of Birth of Child(ren):
- | Names(s) | Date(s) of Birth |
|----------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- 4.) Names of Your Living Parents:
- a.) Mother: _____
- b.) Father: _____
- 5.) Date of Hire by the City as a Fire Fighter/ Paramedic: ____ / ____ / ____

6.) I plan to retire/ commence payment of benefits on: _____

7.) Type of retirement for which you are applying: (check one)

_____ Normal Retirement

_____ Early Retirement

_____ D.R.O.P.

SOCIAL SECURITY INTEGRATION

The member may choose to integrate their pension benefit with Social Security. The member's benefit will be calculated using an actuarial table to determine the present value of anticipated Social Security payments. The monthly annuity will include the anticipated Social Security payment thereby yielding the largest monthly amount available under the Fund. Once the member reaches Social Security eligibility, the pension is substantially decreased based on the actuarial value of the advanced benefits received. **This option will result in a very substantial reduction of monthly retirement income once the member reaches Social Security eligibility.**

_____ Check here if you would like for the Social Security Integration option to be calculated for you. **THIS IS NOT AN ACCEPTANCE OF THIS OPTION.** If you check here, you will need to provide documentation advising of the amount you will be receiving from social security and when you intend to start collecting social security.

_____ Check here if you have no interest in the Social Security integration option and would not like any calculations prepared for you nor presented to you. **THIS IS A WAIVER OF YOUR RIGHTS TO EVER PARTICIPATE IN THIS FORM OF PAYMENT.**

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Participant's Signature

Date

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 20__.

Notary Public, State of Florida
At Large

My Commission Expires:

My Commission Number Is: