

<p><b>LANTANA POLICE RELIEF AND PENSION FUND</b></p> <p><b>APPLICATION FOR PENSION BENEFITS</b></p>
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**PLEASE PRINT OR TYPE:**

1. a. Name of Employee: \_\_\_\_\_
- b. Social Security Number\*: \_\_\_\_\_

\*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

- c. Date of Birth: \_\_\_\_\_ (Attach birth certificate or other proof)
- d. Home Telephone Number: (    ) \_\_\_\_\_
- e. Home Address: \_\_\_\_\_  
\_\_\_\_\_
- f. Permanent address to which check and correspondence should be sent:  
(It is important to keep your address and phone number updated -  
please notify us of any changes as soon as they occur)
- \_\_\_\_\_
- \_\_\_\_\_

2. a. Are you currently married? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)  
If yes, please complete the following:

- b. Name of Spouse: \_\_\_\_\_
- c. Spouse's Social Security Number\*: \_\_\_\_\_

\*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

- d. Spouse's Date of Birth: \_\_\_\_\_ (Attach birth certificate or other proof)
- e. Date of Marriage: \_\_\_\_\_ (Attach proof)

3. Names and Dates of Birth of Child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____

(Attach additional page, if needed)

4. Names of Your Living Parents:

a. Mother: \_\_\_\_\_

b. Father: \_\_\_\_\_

5. a. Date of hire by Lantana as Police Officer: \_\_\_\_\_

b. Current Position in the Police Department: \_\_\_\_\_

6. I plan to retire on: \_\_\_\_\_

7. Type of retirement for which you are applying:

\_\_\_\_\_ Normal Retirement

\_\_\_\_\_ Deferred Retirement Option Plan

\_\_\_\_\_ Early Retirement

**THIS FORM MUST BE NOTARIZED WHICH REQUIRES THAT YOU  
SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC**

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.

I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this Application.

This Application revokes any prior Applications.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

SWORN TO (or affirmed) and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

*In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:*

\_\_\_\_\_  
Personally known

\_\_\_\_\_  
OR Produced identification

Type of identification produced: \_\_\_\_\_

\_\_\_\_\_  
Printed, typed or stamped name of Notary