



MIAMI BEACH POLICEMEN'S RELIEF AND PENSION FUND

APPLICATION FOR RETIREMENT

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Date of Hire: _____

Last Day Work: _____ Date Eligible: _____

If yes, what will be your last day on the payroll at the City of Miami Beach? (Date) _____

Have you retired from the City of Miami Beach previously and returned to work? £ Yes £ No

Retirement Type: (Check One)

_____ **Normal Retirement:** I am retiring from the City of Miami Beach during or after the calendar year in which I turn age 50.

_____ **Early Retirement:** I am retiring from the City of Miami Beach prior to the calendar year when I turn age 50.

_____ **Disability Retirement** _____ **Vested Term** _____ **Death**

I hereby apply for the "Separation Benefits" to which I am entitled under the provisions of Section 120, Article 17-A, Related Laws of the Miami Beach City Code, and a qualified plan described in Section 401(a) of the Internal Revenue Code, I hereby certify that I am not resigning or retiring while under criminal investigation(s), or other circumstances that may jeopardize my eligibility in the "Miami Beach Policemen's Relief & Pension Fund".

I understand that the amount I am entitled to is the amount on the account statement immediately prior to the effective date of my separation, plus monies accrued that have not yet been distributed by the State of Florida Insurance Department. I also understand that any money left in the Fund will be invested in the same manner as the rest of the Fund and will earn or lose value as investment returns dictate.

I hereby certify that the foregoing information is true and correct, and that the same is submitted for the purpose of procuring payment for benefits due the named participant from the Miami Beach Policemen's Relief & Pension Fund, and that any information falsely given or purposely withheld will prejudice the receipt of the Participant's benefit and subject and maker thereof to prosecution. By affixing my signature to this application and accepting any amount due me, I understand that I shall receive no further shares under the Miami Beach Policemen's Relief & Pension Fund, beyond the date of separation. I have reviewed my Beneficiary Designation and certify it as correct.

(Employee Signature) _____ (Date)

(Office Use Only – Received by Pension Fund) _____ (Date)

Return completed forms to: Miami Beach Policemen's Relief and Pension Fund

c/o Resource Centers, LLC • 4360 Northlake Blvd. Suite 206 • Palm Beach Gardens, FL 33410
Ph: (561) 624-3277 • Fax: (561) 624-3278 • Scan/Email: MiamiBeach@ResourceCenters.com