CITY OF OKEECHOBEE MUNICIPAL FIREFIGHTERS' PENSION FUND

AUTHORIZATION FOR PAYMENT FROM FUND

TO:	
SUBJECT:	Authorization from Board of Trustees for Payment from Fund
Name of Payee:	
Social Security Num	ber:
Address for Payment	Purposes:
Amount of Payment:	
thereafter. (t benefit, payable monthly for life, first payment to be made ,20 and subsequent payments the first day of each month Upon death of the payee, please notify the Board of Trustees for further oncerning survivor benefits, if any.)
Retirement be 20 and be reduced to	enefit, payable monthly for life, first payment to be made desubsequent payments the first day of each month thereafter, until desubsequent, 20, upon which date all remaining monthly payments shall a second control of the cont
Disability be death of the p survivor bene	nefit, payable until terminated by further written notice from Board. (Upon payee, please notify the Board of Trustees for further instruction concerning efits, if any.)
Death Ben month, with t payee, please	efit, payable to Beneficiary of Member, first payment to be made, 20 and subsequent payments on the first day of each the last payment on, 20 (Upon the death of the notify the Board for further instructions.)
Lump sum an (If Refund of)	mount of \$(Member Contributions, PLOP, DROP, etc) Member Contributions, includes \$ pretax and \$ after tax)
The foregoing and authority of the I	g authorization and direction for payment has been made pursuant to directions Board of Trustees.
	BOARD OF TRUSTEES
	By:
Date of Issuance:	
(1 copy for Disbursing A	gent, 1 copy for Board)