

**CITY OF OKEECHOBEE  
MUNICIPAL FIREFIGHTERS' PENSION FUND**

**APPLICATION FOR SERVICE RETIREMENT BENEFITS**

Name of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Type of benefit for which you are applying:

\* Normal (\_\_\_\_\_)

DROP: Yes \_\_\_\_ No \_\_\_\_

\* Early (\_\_\_\_\_)

Deferred: \_\_\_\_ Immediate: \_\_\_\_

I plan to retire or DROP on: \_\_\_\_\_

Last date of work: \_\_\_\_\_

If Joint and Survivor option is to be calculated, name of joint annuitant:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\* *Attach birth certificate or driver's license for proof of age*

I hereby request that the Board of Trustees calculate my retirement options based on the information provided above. I understand I will make my final retirement option selection upon receipt of the calculation of the monthly amounts for the various benefit options.

I hereby certify that the preceding statements are true and correct to the best of my knowledge. I also certify that I will adhere to the requirements of the Plan. I understand a false statement may disqualify me for benefits.

This application revokes any prior application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has procured \_\_\_\_\_ as identification, and who did take an oath.

\_\_\_\_\_  
Notary Public

My commission expires:

**"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."**