CITY OF OKEECHOBEE GENERAL EMPLOYEES' RETIREMENT SYSTEM

AUTHORIZATION FOR PAYMENT FROM FUND

TO:

SUBJECT: Authorization from Board of Trustees for Payment from Fund

Name of Payee: _____

Social Security Number: _____

Address for Payment Purposes: _____

_____

Amount of Payment: _____

_____ Retirement benefit, payable monthly for life, first payment to be made _____, 20_____ and subsequent payments the first day of each month thereafter. (Upon death of the payee, please notify the Board of Trustees for further instruction concerning survivor benefits, if any.)

___ Retirement benefit, payable monthly for life, first payment to be made _____, 20_____ and subsequent payments the first day of each month thereafter, until _____, 20_____, upon which date all remaining monthly payments shall be reduced to $_____.

_____ Disability benefit, payable until terminated by further written notice from Board. (Upon death of the payee, please notify the Board of Trustees for further instruction concerning survivor benefits, if any.)

_____ Death Benefit, payable to Beneficiary of Member, first payment to be made _____, 20_____ and subsequent payments on the first day of each month, with the last payment on _____, 20_____. (Upon the death of the payee, please notify the Board for further instructions.)

_____ Lump sum amount of $_____ (Member Contributions, PLOP, DROP, etc) (If Refund of Member Contributions, includes $_____ pretax and $_____ after tax)

The foregoing authorization and direction for payment has been made pursuant to directions and authority of the Board of Trustees.

BOARD OF TRUSTEES

By:_____

Date of Issuance: _____

(1 copy for Disbursing Agent, 1 copy for Board)

PF-7
10-19-16