

**CITY OF OKEECHOBEE GENERAL
EMPLOYEES' RETIREMENT SYSTEM
MEMBER'S ELECTION OF BENEFIT OPTION
(Service Retirements and Terminated Vested)**

I, _____, have received the calculation of my retirement benefit options and I elect retirement benefits payable as follows:

A. PARTIAL LUMP SUM BENEFIT.

_____ I elect a lump sum benefit of 20% of the present value of my accrued benefit at retirement equal to \$ _____, with the remaining 80% payable in a form selected in B. below.
Enter \$0 if no lump sum is elected or if you are entering the DROP.

B. In addition to any partial lump sum benefit selected in A. above, I elect to receive a benefit under the following option (initial one):

_____ **NORMAL FORM, TEN YEAR CERTAIN AND LIFE ANNUITY** - These monthly benefits are paid to the retiree until death. If the retiree dies before 10 years from the date of retirement, the benefits continue to the surviving beneficiary for the balance of the 10 year period. (If the retiree lives beyond the 10 year period, no benefits will be paid to the surviving beneficiary upon the retiree's death.)

Monthly amount \$ _____

Please indicate the name of your beneficiary: _____
(Member's Designation of Beneficiary (PF-3) must be completed to confirm this designation)

_____ **LIFE ANNUITY** - These benefits are paid to the retiree for as long as he or she lives.

Monthly amount \$ _____

_____ **JOINT AND SURVIVOR** - These monthly benefits are paid to the retiree until death. At death, the applicable percentage will continue to the retiree's joint annuitant until his or her death.

Retiree's Amount \$ _____ **Percentage** - circle one (100%, 75%, 66-2/3%, 50%)

Joint Annuitant's Amount \$ _____
(Name of Joint Annuitant _____)

_____ **SOCIAL SECURITY OPTION** - These benefits provide for a larger amount to be paid to a social security eligibility date determined by the member and a reduced amount thereafter, with benefits ceasing upon the death of the Retiree.

Amount \$ _____ paid to _____ and \$ _____, thereafter, until death. (date)

Signature: _____ **Date:** _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is personally known to me or who has procured _____ as identification, and who did not take an oath.

My commission expires:

Notary Public
PF-9
10-19-16