

**CITY OF OKEECHOBEE MUNICIPAL POLICE OFFICERS' PENSION TRUST FUND**  
**REQUEST FOR SERVICE CREDIT COST INFORMATION FOR MILITARY SERVICE**

**STEP 1 - COMPLETE SECTION A.**

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

**Part 1** Fill in your current mailing information.

**Part 2** List your active duty military service dates from your Military Certification.

**Part 3** Sign and date the request form.

**STEP 2 - SUBMIT THE COMPLETED REQUEST FORM.**

- Make copy for your records.
- Attach a copy of your military discharge documents for all active duty dates (DD-214, Certification of Military Service Record, etc.)
- Mail the original to the Board's address listed below with a check for \$\_\_\_\_\_, made payable to the Board.

**SECTION A: DOCUMENTATION OF SERVICE (to be completed by member)**

Have you requested this cost information before? ☐ Yes ☐ No

If yes, list date request was submitted: \_\_\_\_\_

Have you submitted a retirement application? ☐ Yes ☐ No

Have you purchased credited service for this military service in any other plan? ☐ Yes ☐ No

**Part 1 Member information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Part 2 Military Active Duty Service Dates (attach certification)**

Armed Forces Branch \_\_\_\_\_ Enlistment Date (month/day/year) \_\_\_\_\_ Discharge Date (month/day/year) \_\_\_\_\_

**Part 3 Certification**

I understand that if I intend to rollover funds from another pension source in order to purchase all or part of this service credit, I must complete Form PF-20, Rollover Request/Certification. If I do not submit Form PF-20, my purchase will be deemed to have been made with after-tax money and not tax deferred rollover funds.

I hereby acknowledge and certify that the above information is true and correct.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail To:** Okeechobee Municipal Police Officers' Pension Trust Fund  
Pension Resource Center  
4360 Northlake Blvd., Ste. 206  
Palm Beach Gardens, Florida 33410-6264

"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."