

**CITY OF OKEECHOBEE
MUNICIPAL POLICE OFFICERS' PENSION TRUST 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."