

**CITY OF OKEECHOBEE
MUNICIPAL POLICE OFFICERS' PENSION TRUST FUND**

**MEMBER'S ELECTION OF BENEFIT OPTION
(Disability Retirements Only)**

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

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.

Notary Public

My commission expires: