

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