

PALM BEACH GARDENS POLICE PENSION FUND

APPLICATION FOR PENSION BENEFITS

PLEASE PRINT OR TYPE:

- 1) a. Name of Employee: _____
(Last) (First) (Middle)
- b. Social Security Number: _____
- c. Date of Birth: _____
(attach proof of age)
- d. Home Telephone Number: (____) _____
- e. Home Address: _____
(Address) (Street)
- _____
- (city) (state) (zip-code)

- f. The last day I plan to work: _____
- 2) a. Are you currently married? Yes____ No____
- If yes, please complete the following:
- b. Name of Spouse: _____
- c. Spouse's Social Security Number: _____
- d. Spouse's Date of Birth: _____ (attach proof of date of birth)
- e. Date of Marriage: _____ (attach proof of date of marriage)

- 3.) Names(s) and Dates(s) of Birth of Child(ren):

Names(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____
_____	_____

- 4.) Names of Your Living Parents:
- a.) Mother: _____
- b.) Father: _____
- 5.) a.) Date of Hire by the City as a Police Officer: ____/ ____/ ____
- 6.) I plan to retire on: _____
- 7.) Type of retirement for which you are applying: (check one)
- _____ Normal Retirement
- _____ D.R.O.P.
- _____ Early Retirement

Participant's Signature

STATE OF: _____

COUNTY OF: _____

Before me, the undersigned authority, personally appeared _____,
who is personally known to me or has produced _____ as identification and who
did/not take an oath and that he/she has signed the foregoing document for the reasons therein
contained.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, _____ .

NOTARY PUBLIC, State of:

My commission expires:

My commission number is:

Return to:

Pension Resource Center
4360 Northlake Boulevard, Suite 206
Palm Beach Gardens, FL 33410