

ST. LUCIE COUNTY FIRE DISTRICT  
GENERAL EMPLOYEES' RETIREMENT FUND  
INTENT TO DEFER RETIREMENT

Name of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

My last day of work is expected to be: \_\_\_\_\_

As a vested member of the pension system, please accept this as written notification of my intent to **defer retirement** until I qualify for benefits on \_\_\_\_\_.  
(date)

I understand that at anytime within five (5) years of termination I may rescind this letter of intent, forfeit future annuity benefits, and request a refund of all contributions.

After five (5) years from date of termination, this letter of intent will be binding.

Once I meet retirement qualifications as outlined in the pension plan document, I understand that I must request retirement in writing, on the appropriate forms, and be approved by the Board of Trustees before I may receive benefits.

I have been provided a copy of the current pension plan document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Submit this form to the Human Resources Office for forwarding to the Plan Administrator.*