

DRAFT
1/04/2008

Member SSN	- -
Birth Date	/ /
Work Phone	()
Home Phone	()
Date of Hire	/ /

C

() [D] 50% to surviving joint pensioner

Relationship: _____
Date of Birth: _____
Social Security #: _____

Authorization/Approvals

E APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC

SIGNED: _____ DATE: _____

(Do Not Print)

STATE OF FLORIDA, County of Hillsborough

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who produced _____ as identification.

NOTARY PUBLIC

[SEAL]

Employer Certification

F MUST BE COMPLETED BY EMPLOYER: I certify that _____ was employed by the City of Temple Terrace Fire Dept/Police Dept (circle one) and will enroll in the ☐ DROP Program or ☐ terminate employment or has terminated employment on _____.

Signed (authorized personnel)

Position

()

Telephone

Date

Pension Board Certification

G I certify that _____ was employed by the City of Temple Terrace Fire Dept/Police Dept (circle one) and will or has enrolled in the ☐ DROP Program or ☐ will or has Terminated Employment on _____.

Authorized Board Signature

Position

Telephone

Date

Final Separation

YES

H Complete W-4P

Complete Direct Deposit Requirements

Complete Statement of Understanding

Original: Human Resources

cc: Actuary

cc: Pension Board

cc: Employee

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