CITY OF TEMPLE TERRACE POLICE/FIRE PENSION FUNDS APPLICATION FOR RETIREMENT BENEFITS

DRAFT 1/04/2008

A	Position Title	·	Member SSN Birth Date Work Phone Home Phone Date of Hire					
В	() NORMA	ment: (Check One) AL SERVICE RETIREMENT Police, benefits commence at age 55 if you have at le	-	liately if you have at least 20 years of				
	[For F	Fire, benefits commence at age 55 if you have at least ce].	t 10 years of service, and immedia	ately if you have at least 25 years of				
	[Reduce	SERVICE RETIREMENT ed benefits can commence as early as the first of the						
	[For Po [For Fi <i>Note:</i> DROP i	ED RETIREMENT OPTION PLAN (DROP) RE- olice, must be at least age 55 with at least 10 years of are, must be at least age 55 with at least 10 years of so Persons electing DROP retirement must also comple- interest rate election (Check One)	TIREMENT Service, or must have at least 20 yearvice, or must have at least 25 yearvice, or must have at least 25 year	ars of service.]				
		A Flat 6.5% per annum, compounded quarterly. The actual net investment return of the Fund, whether	er nositive or negative, each fiscal	vear quarter				
	() <u>DISABIL</u>	ITY RETIREMENT	•	•				
_	Note: 1	Persons requesting disability retirement must also con	mplete Application for Disability	Benefits.				
С	Payment Options (Check One) See EXPLANATION OF OPTIONAL FORMS OF RETIREMENT BENEFITS							
	() OPTITE							
	OPTIC OPTIC () [. () [. () [.	ON 1 – Member's Life, but Ten Years Certain ON 2 – Member's Life Only ON 3 – Member & Joint Pensioner Benefit A] 100% to surviving joint pensioner B] 75% to surviving joint pensioner C] 66-2/3% to surviving joint pensioner D] 50% to surviving joint pensioner	()OPTION 4 – Social Sec Age 63 (circle on	eurity Member Benefit Only to Age 66 Ol				
	A beneficiar arteed month tributions.	y or beneficiaries should be designated if you ly payments); or for refund of contribution	a select OPTION 1 (benefits under OPTION 2 if benefits	paid for member's life, but with 12 efits paid do not exceed member'				
Nai	me of Beneficiar	y:	Relationship:					
Str	eet Address:		Date of Birth: _	#:				
Cit	y/State/Zip	Percent:	Social Security	#:				
		Tercent.						
		y:	Relationship: _					
~~	eet Address:		Date of Birth: _	¥:				
CII,	y/State/Zip	Percent:		†:				
Na	me of Reneficiar	y:	Relationshin:					
Street Address:			Date of Birth: _					
City/State/Zip		Social Security	¥:					
		Percent:						
Na	me of Beneficiai	ry:	Relationship:					
0			Date of Birth: _					
Cit	y/State/Zip		Social Security	¥:				
		Percent:						
(A	(only one) joint	t pensioner must be designated if you select OP	TION 3.)					
Na	me of Joint Pens	sioner:	Relationship: _					
Str	eet Address:		Date of Birth: _					
Cit	y/State/Zip		Social Security	#:				

Authorization/Approvals

E	APPLICANT MUST SIGN IN THE PRESENCE C SIGNED:	F A NOTARY PUBL	IC DATE:					
	(Do Not Print) STATE OF FLORIDA, County of Hillsborough Sworn to (or affirmed) and subsc		this day of		, 20, by e or who produced			
	en e							
		1						
			N	OTARY PUBLIC				
				[SEAL]				
		Employer Cert	<u>ification</u>					
F	MUST BE COMPLETED BY EMPLOYER: I ce City of Temple Terrace Fire Dept/Police Dept (cir terminated employment on	cle one) and will enro		am or term	was employed by the inate employment or has			
	Signed (authorized personnel)	Positio	n Tei	lephone	Date			
		Pension Board C	ertification					
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	Tala	phone .	//			
	Authorized Board Signature	Position	Tele	pnone	Date			
	Final Separation							
Н	Complete W-4P Complete Direct Deposit Requirements Complete Statement of Understanding		YES					
	Original: Human Resources	cc: Actuary	cc: Pension Board	cc: Employee	PF2			