

DEERFIELD BEACH MUNICIPAL FIREFIGHTERS' PENSION TRUST FUND

Application for Retirement from Fund

I. Applicant Information

Member Name: _____

Social Security Number: _____

Date of Birth: _____ Date of Hire: _____

Date of Retirement from Plan: _____

Address: _____

City, State and Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Note: The first monthly pension check is payable effective the first day of the month coincident with or next following the "Date of Retirement from Plan".

II. Beneficiary Information

Beneficiary Name: _____

Beneficiary Date of Birth: _____

Beneficiary's Relation to Member: _____

Address of Beneficiary (If different from Member):

III. Accumulated Leave Inclusion Election

You must decide whether to have the value of your accumulated annual and sick leave included in your pension benefit payments. Up to 350 hours accumulated annual leave and up to 520 hours accumulated sick leave is multiplied by your hourly rate of pay and used to increase your average final compensation. Any accumulated annual leave and accumulated sick leave over these maximums that you include in your pension benefit payments goes towards increasing your credited service.

include the value in my pension benefit payments.

include part of my accumulated hours towards computing my pension benefit payments. The following hours should be applied towards my pension:

_____ hours accumulated annual leave

_____ hours accumulated sick leave

IV. Description of Optional Forms of Benefit

You will receive a Benefit Election Form showing the computation of these optional forms of benefit from which to make your selection. You do not make the election as to which optional form of benefit you would like to receive until after your benefit calculation is provided to you. This section is meant to describe the optional forms of benefit.

The normal form of monthly benefit is a 10-year certain & life annuity. This form of benefit provides you with monthly payments for your life with the guarantee that if you should die within 10 years your designated beneficiary will receive a monthly payment equal to the monthly payment you were receiving for the remainder of the 10 years. You may elect another optional form of benefit subject to the approval of the Board of Trustees. The other optional forms of benefit available to you are as follows:

- a. Period Certain & Life Annuity Option: An adjusted monthly benefit payable to you for life. Should you die before the certain period of either 5, 10 or 15 years (according to your election) expires, your designated beneficiary will continue to receive monthly payments in the same amount for the remainder of the certain period.
- b. Life Only Annuity Option: An increased amount payable to you for your lifetime but ceasing upon your death. There are no survivor benefits under this option.
- c. Joint & Survivor Annuity Option: A reduced monthly benefit payable to you for life, and further continuing after your death to your designated beneficiary at either 50%, 66 2/3%, 75% or 100% (according to your election) of the monthly payment you were receiving for their life.
- d. Joint & Last Survivor Annuity Option: A reduced monthly benefit payable to you and your designated beneficiary while you are both alive. Following the death of either you or your designated beneficiary either 50%, 66 2/3%, or 75% (according to your election) of the monthly payment while you were both alive will be paid to whoever of you or your designated beneficiary is the survivor for their life.
- e. Joint & Survivor Annuity With Pop-Up to Life Only Annuity Option: A reduced monthly benefit payable to you for life, and further continuing after your death to your designated beneficiary at either 50%, 66 2/3%, 75%, or 100% (according to your election) of the monthly payment you were receiving for their life. Under the pop-up option, should your designated beneficiary die before you, your benefit will increase to a Life Only Annuity payable to you for the remainder of your lifetime and ceasing upon your death.
- f. Social Security Level Income Option: A higher monthly benefit payable under the Plan until the age at which you specify you will start receiving Social Security benefits. At that time, your monthly Plan benefits will be lowered by the amount you specify you will receive under Social Security. The idea is to give you a "level" dollar amount so that your pension benefits and Social Security benefits, when added together, stay the same throughout your retirement years. Due to differences in the way cost-of-living adjustments may be applied to your benefits, you may not actually receive a level annuity. If you would like to see the numerical calculation of this optional form of benefit, you must state at what age you will start receiving Social Security and how much you expect your Social Security benefit to be.

I will receive Social Security at _____ years of age.

I expect to receive \$_____._____ per month from Social Security.

V. Certification

I hereby certify that the above information is true and correct and understand that false statements may disqualify me for benefits. I understand that my decision to retire from the Deerfield Beach Municipal Firefighters' Pension Fund is irrevocable.

Member Signature _____
Date

STATE OF _____

COUNTY OF _____

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me

this _____ day of _____, 20____,

by _____ who:

_____ is personally known to me

OR produced
identification: _____

Type of Identification Produced

Signature - Notary Public

NOTARY: Print, type or stamp your name in addition to seal:

Printed Name of Notary