



CITY OF SUNRISE, FLORIDA POLICE OFFICERS' RETIREMENT PLAN



13790 NW 4 Street, Suite 105
Sunrise, Florida 33325

Telephone: (954) 845-0298 Fax: (954) 845-9852

PRE-RETIREMENT BENEFIT ELECTION FORM

EMPLOYEE DATA

Member Name: _____ Pension Entry Date : _____

Marital Status: _____ SS#: _____ Date of Birth: _____
(Submit Proof) (Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ Cellular: _____

Badge #: _____ E-mail Address: _____

I understand that this election of my form of payment option can be changed up to the issuance of the first monthly payment. After the date that the first annuity check is issued, no change can be made in the election of form of payment option. This election revokes and replaces any prior elections for my defined benefit portion of the Fund.

I understand that in the event of my death before I have attained ten years of credited service, the accumulated contributions to my credit at the time of my death will be paid to my primary beneficiary. If the primary beneficiary predeceases me, accumulated contributions will be paid to my contingent beneficiary(ies) and if none are named or survive me, then to my estate.

BENEFIT ELECTION OPTIONS (SELECT ONE)

_____ TEN YEAR CERTAIN AND LIFE THEREAFTER ANNUITY: This option provides monthly payments for your life but if you should die before 120 monthly payments have been made, the same amount will continue to be paid to your beneficiary until a total of 120 monthly payments have been made in all.

_____ 100% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of the same amount for as long as he/she lives.

_____ 75% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 75% of your monthly payment amount for as long as he/she lives.

_____ 66 2/3% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 66 2/3% of your monthly payment amount for as long as he/she lives.

PRE-RETIREMENT BENEFIT ELECTION FORM

Member Name: _____

_____ 50% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 50% of your monthly payment amount for as long as he/she lives.

Member Signature

Date

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____/____/____ by
Date

_____, who is *personally known to me* or who has
(Name of person acknowledging)

produced _____ as identification and did (did not) take a oath
(Type of identification)

Notary Public

**Return To: CITY OF SUNRISE POLICE OFFICERS' RETIREMENT PLAN
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*SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT
Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

Office use only

Updated/Entered By: _____

Date: _____