

**CITY OF NORTH PORT POLICE OFFICERS' PENSION - LOCAL OPTION TRUST FUND  
REQUEST FOR SERVICE CREDIT COST INFORMATION FOR MILITARY SERVICE**

**STEP 1 - COMPLETE SECTION A.**

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

**Part 1** Fill in your current mailing information.

**Part 2** List your active duty military service dates from your Military Certification.

**Part 3** Sign and date the request form.

**STEP 2 - SUBMIT THE COMPLETED REQUEST FORM.**

- Make copy for your records.
- Attach a copy of your military discharge documents for all active duty dates (DD-214, Certification of Military Service Record, etc.)
- Mail the original to the Board's address listed below with a check for \$\_\_\_\_\_, made payable to the Board.

**SECTION A: DOCUMENTATION OF SERVICE (to be completed by member)**

Have you requested this cost information before?  Yes  No

If yes, list date request was submitted: \_\_\_\_\_

Have you submitted a retirement application?  Yes  No

Have you purchased credited service for this military service in any other plan?  Yes  No

**Part 1 Member information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Part 2 Military Active Duty Service Dates (attach certification)**

Armed Forces Branch \_\_\_\_\_ Enlistment Date (month/day/year) \_\_\_\_\_ Discharge Date (month/day/year) \_\_\_\_\_

**Part 3 Certification**

I understand that if I intend to rollover funds from another pension source in order to purchase all or part of this service credit, I must complete Form PF-20, Rollover Request/Certification. If I do not submit Form PF-20, my purchase will be deemed to have been made with after-tax money and not tax deferred rollover funds.

I hereby acknowledge and certify that the above information is true and correct.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail To:** North Port Police Officers' Pension - Local Option Trust Fund  
Pension Resource Center  
4100 Center Pointe Dr., Suite 108  
Fort Myers, Florida 33916

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."