

**CITY OF NORTH PORT  
POLICE OFFICERS' PENSION - LOCAL OPTION TRUST FUND  
APPLICATION FOR SERVICE RETIREMENT BENEFITS**

Name of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Type of benefit for which you are applying:

\* Normal (\_\_\_\_\_)

DROP: Yes \_\_\_ No \_\_\_

\* Early (\_\_\_\_\_)

Deferred: \_\_\_ Immediate: \_\_\_

I plan to retire or DROP on: \_\_\_\_\_

Last date of work: \_\_\_\_\_

If Joint and Survivor option is to be calculated, name of joint annuitant:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\* *Attach birth certificate or driver's license for proof of age*

I hereby request that the Board of Trustees calculate my retirement options based on the information provided above. I understand I will make my final retirement option selection upon receipt of the calculation of the monthly amounts for the various benefit options.

I hereby certify that the preceding statements are true and correct to the best of my knowledge. I also certify that I will adhere to the requirements of the Plan. I understand a false statement may disqualify me for benefits.

This application revokes any prior application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, this \_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name typed, printed or stamped  
My Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_.

**"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."**