

ST. LUCIE COUNTY FIRE DISTRICT
FIREFIGHTERS' RETIREMENT FUND
INTENT TO DEFER RETIREMENT

Name of Employee: _____

Social Security Number: _____

Date of Employment: _____ Date of Birth: _____

Present Address: _____

Daytime Phone Number: _____

My last day of work is expected to be: _____

As a vested member of the pension system, please accept this as written notification of my intent to **defer retirement** until I qualify for benefits on _____.
(date)

I understand that at anytime within five (5) years of termination I may rescind this letter of intent, forfeit future annuity benefits, and request a refund of all contributions.

After five (5) years from date of termination, this letter of intent will be binding.

Once I meet retirement qualifications as outlined in the pension plan document, I understand that I must request retirement in writing, on the appropriate forms, and be approved by the Board of Trustees before I may receive benefits.

I have been provided a copy of the current pension plan document.

Date

Signature

Submit this form to the Human Resources Office for forwarding to the Plan Administrator.