ST. LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS' RETIREMENT FUND
INTERIM ELECTION FORM FOR SELECTION OF PAYMENT OPTION

PLEASE PRINT OR TYPE:

Member's Name:_____

Social Security No.:_____

*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

_____ **Normal Form:** Lifetime benefit with 120 payments guaranteed. If the retiree dies before 120 payments have been made, then the pension payments will continue until a total of 120 payments have been made to the retiree and beneficiary combined.

_____ **Option A.** Lifetime payments with one hundred percent lifetime continuation to survivor Joint Annuitant**.** This benefit is less than the Normal Form and is the greatest reduction of all optional forms.

_____ **Option B.** Lifetime payments with fifty percent lifetime continuation to survivor Joint Annuitant. The reduction for this benefit is not as great as option A.

_____ **Option C.** Life only. The retired Member is paid an increased annuity for life and **no benefit** is ever paid to a surviving beneficiary. This benefit is generally the highest benefit.

_____ **Option D.** Lifetime payments with seventy-five percent lifetime continuation to survivor Joint Annuitant. This benefit has a greater reduction than option B, but less than option A.

_____ **Option E.** Lifetime payments with sixty-six and two-thirds percent lifetime continuation to survivor Joint Annuitant. This benefit has a greater reduction than option B, but less than option A & D.

Joint Annuitant/Beneficiary

I hereby designate the following person as my Joint Annuitant/Beneficiary entitled to receive any benefit due in the event of my death:

a.   Name of Joint Annuitant/Beneficiary: _____

b.   Relationship to Member: _____

c.   Joint Annuitant/Beneficiary's Social Security Number*:_____

d.   Date of Birth of Joint Annuitant/Beneficiary: _____

e.   Sex of Joint Annuitant/Beneficiary: Male _____   Female _____

f.   Home Address of Joint Annuitant/Beneficiary: _____

_____

If a member has elected option A, option B, option D, or option E, and his or her annuity payments have commenced, the Member may thereafter change the Joint Annuitant/Beneficiary **twice** as provided by Florida Statutes 175.333(2). However, the benefit will be recalculated so that the benefit is actuarially the same as the current benefit. Thereafter, the beneficiary may be changed if the following conditions are satisfied:

A.   The Joint Annuitant last previously designated by the firefighter is alive when the Member files with the Board of Trustees a request of such change.

B.   The Board of Trustees may request such evidence of good health of the designated Joint Annuitant that is being removed as it may require.

C.   The amount of the annuity payment payable to the Member upon designation of a new Joint Annuitant shall be actuarially determined taking into account the ages of the former Joint Annuitant, the new Joint Annuitant and the Member.

In selecting my annuity payments, I understand that this interim election of my form of payment option can be changed up to and until the issuance of the first annuity check. After the date that the first annuity check is issued, no change can be made in the election of form of payment option.

I may make a final designation at the time of my retirement after the benefits are calculated which cannot be changed thereafter.

_____   _____
MEMBER'S SIGNATURE   DATE

STATE OF FLORIDA
COUNTY OF_____

      SWORN TO (or affirmed) AND SUBSCRIBED before me this _____day of

_____, 20_____, by_____who is

personally known to me or who produced the following identification:_____

_____.

_____
Notary Public, State of Florida
Type, stamp or print name of Notary below (in addition to Seal):

_____
[Notary Seal]   Commission Expires: