

ST. LUCIE COUNTY FIRE DISTRICT  
FIREFIGHTERS PENSION TRUST FUND



MEMORANDUM OF INTENT

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

From: \_\_\_\_\_  
(Print Employee Name)

This memo will serve as my official intent to (check one):

Retire \_\_\_\_\_ My last official day of work will be: \_\_\_\_\_

DROP \_\_\_\_\_ My anticipated DROP dates will be: \_\_\_\_\_

**By executing this memo, I understand that I am making an irrevocable decision, that final payroll processing procedures will take place, and the Plan Actuary will calculate final pension benefit options for me.**

**I also acknowledge that I am responsible for ensuring that the following official signatures are obtained and the memo is delivered to the Human Resources Office for the processing of all final paperwork.**

\_\_\_\_\_  
Signature of Employee:

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

\_\_\_\_\_  
Signature of Deputy Chief:

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

\_\_\_\_\_  
Signature of Fire Chief:

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

CC: Assistant Fire Chief

**Return original form to Human Resources 60 days in advance of retirement date with  
Application for Service Retirement Benefits form 1002**