

ST. LUCIE COUNTY FIRE DISTRICT
FIREFIGHTERS PENSION TRUST FUND

APPLICATION FOR SERVICE RETIREMENT BENEFITS

Name of Employee: _____

Date of Employment: _____ Date of Birth: _____

Present Address: _____

Contact Number(s): _____

Type of benefit for which you are applying (select each that apply):

Normal _____ Early _____ Disability _____ Deferred _____ Death** _____

In line of duty death benefit _____ NOT in line of duty death benefit _____

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

Relationship: _____

* Date of Birth: _____

Address: _____

* *Please attach birth certificate or driver's license for proof of age*

** *Please attach death certificate stating cause of death*

I hereby request that my final retirement benefit calculations be based on the information provided above. I understand that by executing this form AND the *Memo of Intent* form 1003, I will initiate final retirement proceedings and it is irrevocable.

Date

Signature

Submit this form to the Human Resources 60 days in advance of elected retirement or DROP date.