



**IAFF Local 2820**  
Miramar, FL

Miramar Firefighters' Local 2820 VEBA Trust Fund

***Application for Retirement***

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Day Work: \_\_\_\_\_ Date Eligible: \_\_\_\_\_

**Retirement Type: (Check One)**

\_\_\_\_\_ **Normal Retirement:** I am retiring from Miramar with a normal retirement, or I am exiting the DROP.

\_\_\_\_\_ **Early Retirement:** I am retiring early from the City of Miramar.

\_\_\_\_\_ **Disability Retirement** \_\_\_\_\_ **Non-Vested Termination** \_\_\_\_\_ **Vested Termination** \_\_\_\_\_ **Death**

I understand that the amount I am entitled to is the amount on the account statement immediately prior to the effective date of my separation, plus any additional deposits received on my behalf from the City of Miramar. I also understand that any money left in the Fund will be invested in the same manner as the rest of the Trust Fund and will earn or lose value as investment returns dictate unless I previously filed an Agreement to Elect Return Rate selecting an alternate money market rate to credit earnings to my Participant Benefit Account. I understand and agree that my pro-rata portion of the Trust Fund expenses will be automatically deducted from my Participant Benefit Account.

I hereby certify that the foregoing information is true and correct, and that the same is submitted for the purpose of documenting the change in my employment status at the City of Miramar. I have reviewed my Beneficiary Designation and certify it as correct.

\_\_\_\_\_  
(Employee Signature) (Date)

\_\_\_\_\_  
(Office Use Only – Received by VEBA Trust Fund) (Date)