CITY OF VENICE
MUNICIPAL POLICE OFFICERS' PENSION TRUST FUND

APPLICATION FOR SERVICE RETIREMENT BENEFITS

Name of Employee: _____

Social Security Number: _____

Date of Employment: _____ Date of Birth: _____

Permanent Address: _____

_____

Daytime Phone Number: _____

E-Mail Address: _____

Type of benefit for which you are applying:

    *   Normal (_____)

        DROP: Yes ___   No ___

    *   Early (_____)

        Deferred: ___   Immediate: ___

I plan to retire or DROP on: _____

Last date of work: _____

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

_____

Relationship: _____

Social Security Number: _____

    *   Date of Birth: _____

Address: _____

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

        I hereby request that the Board of Trustees calculate my retirement options based on the information provided above. I understand I will make my final retirement option selection upon receipt of the calculation of the monthly amounts for the various benefit options.