

CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND

APPLICATION FOR RETIREMENT BENEFITS

I, _____, SSNO _____, do hereby make application for a retirement annuity in accordance with the provisions of the City Charter/Code governing the Employees' Retirement Fund of the City of Hollywood, Florida. In support, I submit a record showing my date of birth, the date of birth of my designated beneficiary/ies (i.e. birth certificate(s), family record, etc.) and the following information:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address (if applicable): _____

Date of Birth: _____ Credited Service Date: _____

Termination Date: _____ Retirement Date: _____

I acknowledge that I have been notified that my accrued leave balances may be tax-deferred into the 457 Deferred Compensation Plan and that I have been advised to contact Kathy Lopez-Negron in Human Resources for additional information: _____ (Initial on the line).

I understand that if I have six or more months in a year that I may purchase forward the number of months necessary to complete the full year. I elect to make this purchase forward: _____ (Initial on the line).

Please pay my annuity based on the option indicated by me below. The options have been explained to me and I fully understand them. I also understand I cannot change the selected option after my retirement date.

- | | |
|---|--|
| <input type="checkbox"/> *Normal Retirement Annuity | <input type="checkbox"/> *Five Year Certain & Life |
| <input type="checkbox"/> *Joint & Equal | <input type="checkbox"/> *Ten Year Certain & Life |
| <input type="checkbox"/> *Joint & Half | <input type="checkbox"/> *Twenty Year Certain & Life |

Signature of Applicant

Date Signed

Note: Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

State of _____, County of _____

Before me this day personally appeared _____ who deposes that he/she is the same who signed this application and the attached Designation of Beneficiary form, for a retirement annuity under the Employees' Retirement Fund, and that the statements made are true.

Witness my hand and official seal this _____ day of _____, _____.

(Seal)
FORM 1 (3/08/06)

Notary Public