CITY OF LEESBURG MUNICIPAL
FIREFIGHTERS' RETIREMENT PLAN

Member Information

Full name_____
Last Name, First Name, Middle Name

Date of Birth_____
(Attach proof)

Social Security Number_____

Date of Hire:_____

Mailing Address_____

_____

Daytime Phone Number_____

_____

Type of retirement for which you are applying (check one):

Normal Retirement_____

Early Retirement_____

Deferred Vested Retirement_____

I plan to retire on: _____

MM/DD/Year)

Do you currently have any disciplinary action pending against you? If yes, please explain.

YES _____**NO** _____

_____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary (ies), I will file a new Designation of Beneficiary Form with this Application.

This application revokes any prior applications

_____ _____
Member Signature **Date**

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of:
[ ] physical presence or [ ] online notarization

this _____/_____/_____ by _____, who is personally known to me
(date) (name of person acknowledging)

or who has produced _____as identification and who did (did not) take an oath.
(Type of Identification Produced)

_____
(Signature of Notary Public)

Return To: City of Leesburg Municipal Firemen's Retirement Plan
33937 Tarawood Drive
Leesburg, Florida 34788

*SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT
Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

Office use only

Updated/Entered By: _____ *Date:* _____