CITY OF LEESBURG MUNICIPAL FIREFIGHTERS' RETIREMENT PLAN

RETIREMENT BENEFIT ELECTION FORM

EMPLOYEE DATA

Member Name: _____ **Date of Hire :** _____/_____/_____

Marital Status: _____ **SS#***: _____- _____- _____ **Date of Birth:** _____/_____/_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone : (_____)_____ **Personal E-mail Address:**_____

I understand that this election of my form of payment option can be changed up to the issuance of the first monthly payment. After the date that the first annuity check is issued, no change can be made in the election of form of payment option. This election revokes and replaces any prior elections for my defined benefit portion of the Fund.

I understand that in the event of my death before I have attained ten years of credited service, the accumulated contributions to my credit at the time of my death will be paid to my primary beneficiary. If the primary beneficiary predeceases me, accumulated contributions will be paid to my contingent beneficiary(ies) and if none are named or survive me, then to my estate.

BENEFIT ELECTION OPTIONS (SELECT ONE)

____ TEN YEAR CERTAIN AND LIFE THEREAFTER ANNUITY: This option provides monthly payments for your life but if you should die before 120 monthly payments have been made, the same amount will continue to be paid to your beneficiary until a total of 120 monthly payments have been made in all.

_____ LIFE ONLY ANNUITY OPTION: This option pays an increased amount payable to you for your lifetime and ceasing upon your death. There are no survivor benefits under this option.

_____100% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of the same amount for as long as he/she lives.

_____75% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 75% of your monthly payment amount for as long as he/she lives.

_____66 2/3% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 66 2/3% of your monthly payment amount for as long as he/she lives.

_____50% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 50% of your monthly payment amount for as long as he/she lives.

_____ _____
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:* _____