

RETIREMENT APPLICATION

please type or print in ink

PART A. MEMBER INFORMATION

Member Name: _____ Social Security # (Last 4 Digits) _____

Birth Date: _____ Address: _____

Phone Number: _____ Email Address: _____

Department: _____ Job Title: _____ Termination Date: _____

Division (choose one): Division A – Defined Benefit Plan Division B – Defined Benefit Plan

Pension ID # _____

PART B. TYPE OF RETIREMENT

Type of Retirement (choose one): Longevity Retirement Early Retirement – Division B

Deferred Retirement

PART C. SPOUSE'S INFORMATION

Name: _____ Social Security # (Last 4 Digits) _____

Birth Date: _____ Address: _____

Phone Number: _____

PART D. CERTIFICATION

MEMBER'S CERTIFICATION

I hereby certify that: 1) all of the foregoing facts are correct, 2) I have read and understand the retirement information in the Member Handbook, 3) I have satisfied the retirement eligibility requirements set forth in the Retirement Plan for City of Tampa General Employees' Retirement Fund – Special Act of the Florida State Legislature – Chapter 23559, Special Act of 1945, 4) I further understand that I must a) submit proof of my birth date, b) submit proof of my spouse's birth date, c) enroll in the direct deposit program to receive my benefits, 5) Additionally, I agree that I (or my estate) will repay any excess payment of benefits to which I am not entitled.

Member's Signature: _____ Date: _____