

**CITY OF POMPANO BEACH
GENERAL EMPLOYEES RETIREMENT SYSTEM**

APPLICATION FOR RETIREMENT

To the Board of Trustees of the
City of Pompano Beach General
Employees Retirement System

Date

I hereby apply for monthly payments from the City of Pompano Beach General Employees' Retirement System Board of Trustees, as provided by the City of Pompano Beach General Employees Retirement System Ordinance §34.010 - §34.038.

I elect to participate in the Deferred Retirement Option Plan (DROP) _____ (yes or no). If yes, my Deferred Retirement Calculation Date (date prior to entering the DROP) will be _____. (Separate DROP application required)

I request that my benefits be computed to commence on _____.

My date of birth is – _____ (birth certificate required)

I have completed _____ years and _____ months of creditable service as a member of the Retirement System.

My spouse's name is _____. Date of Marriage – _____.

Signature

Print Name

Address

Social Security Number

City, State Zipcode

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____, who, after being first duly sworn, deposes and says that _____ is the applicant in the above form and that _____ has read and accepts the foregoing statements contained therein and has produced _____ as identification.

SWORN TO and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission expires:

“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.”