

**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

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 \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

[Notary Seal]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name typed, printed or stamped

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."