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: _____

Rev 01/01/21