

FORT WORTH EMPLOYEES' RETIREMENT FUND

ACTUARIAL EQUIVALENT PACKET

FOR MEMBERS TAKING A REDUCED PENSION AND LUMP SUM AFTER REACHING NORMAL OR 25 YR POLICE RETIREMENT

Planning Ahead	Please make an appointment to see your Member Services Specialist <i>at least</i> thirty days before you plan to retire and take an Actuarial Equivalent Lump Sum. At your appointment you will be provided with all the necessary paperwork, resources and information that are essential to retiring from the City of Fort Worth. A Member Services Specialist will provide you with projections of your monthly pension benefit and guide you through the various options available to you once you have reached your normal retirement date. Along with the application, certain documents are required for your file- please see below for details. You can choose to download the application here or fill it out in the office. Remember, all completed paperwork must be received in our office by the 10 th of the month to take effect the 1 st of the following month (example: to retire effective June 1st, turn in all documents by May 10 th).	<input type="checkbox"/>
PACKET		
Application for Actuarial Equivalent	Each page of this application must be initialed and the last page notarized by the member and the member's spouse, if applicable.	<input type="checkbox"/>
Application for Retirement Pension	Please fill this form out completely. You, the employee are referred to as "retiree" in this document. Please have someone other than the beneficiary sign as a witness.	<input type="checkbox"/>
W4-P, Withholding Certificate for Pension	Your City of Fort Worth pension is considered taxable income. Please fill out this form and elect not to withhold taxes or to have taxes withheld monthly based on your marital status and number of allowances.	<input type="checkbox"/>
Electronic Deposit Authorization	(Optional) Please attach a VOIDED CHECK or have this form signed by a bank representative to initiate Direct Deposit for your pension payment.	<input type="checkbox"/>
Beneficiary Election Form	Spouse (if applicable) must be primary. Please have birthdates, addresses and social security numbers of contingent beneficiaries you wish to list.	<input type="checkbox"/>
Personal Information Election Form	This form must be completed and returned with fourteen (14) days from the date you end service with the City of Fort Worth.	<input type="checkbox"/>
Windfall Elimination Provision & Government Pension Offset	Two Social Security provisions that may or may not affect your benefits. These pages are for informational purposes only.	<input type="checkbox"/>
OTHER ESSENTIAL ITEMS		
Bring Copies of each of these documents for both you and your spouse.	Bring these documents into our office along with the application packet: <ol style="list-style-type: none"> 1. Driver's license 2. Social Security Card 3. Birth Certificate 4. Marriage license 5. Copy of Birth Certificate and Social Security card for any children under the age of eighteen. 	<input type="checkbox"/>
Insurance and Final Payout	Debbie Smith in Human Resources will assist you with your health and life insurance, vacation, sick and final pay. You may schedule an appointment with her at 817-392-6275.	<input type="checkbox"/>
Deadline	All completed paperwork must be received in our office by the 10 th of the month to take effect the 1 st of the following month.	<input type="checkbox"/>

IF YOU HAVE ANY QUESTIONS OR TO MAKE AN APPOINTMENT, PLEASE CALL OUR OFFICE AT 817-632-8900.

**FORT WORTH EMPLOYEES' RETIREMENT FUND
3801 HULEN STREET, STE. 101
FORT WORTH TX 76107**