



APPLICATION FOR RETIREMENT PENSION

TO: **RETIREMENT FUND BOARD OF TRUSTEES**

Date: _____

I hereby submit my application for retirement from the City of Fort Worth under the terms of the Fort Worth Employees' Retirement Fund to be effective the 1st day of _____, 20 _____

Applicant's Signature _____

Date _____

MEMBER INFORMATION:

Last, _____ First _____ Middle _____ Employee ID _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (if applicable) _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Telephone Number _____

Email Address (optional) _____

RETIREMENT TYPE:

- 25 Year Police Special Retirement
- Normal Retirement
- Normal Vested Termination Retirement
- Normal Retirement with Actuarial Equivalent
- Normal Retirement with DROP
- Early Retirement with Penalty
- Early Vested Termination Retirement

BENEFICIARY INFORMATION:

Do you have a spouse? Yes Date of marriage: _____ No

Name: _____
Last, First, Middle _____ Social Security # _____ Date of Birth _____

Do you have dependent children under the age of eighteen (18)? Yes No

Name: _____
Last, First, Middle _____ Social Security # _____ Date of Birth _____

Name: _____
Last, First, Middle _____ Social Security # _____ Date of Birth _____

Name: _____
Last, First, Middle _____ Social Security # _____ Date of Birth _____

I have been notified I may elect a designated beneficiary with a reduced monthly pension.

(initial)

Name

Employee ID

Date

Electronic Deposit Authorization

I hereby make the following requests and authorizations relating to my periodic benefit payments from the retirement plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

(initial)

Bank Name

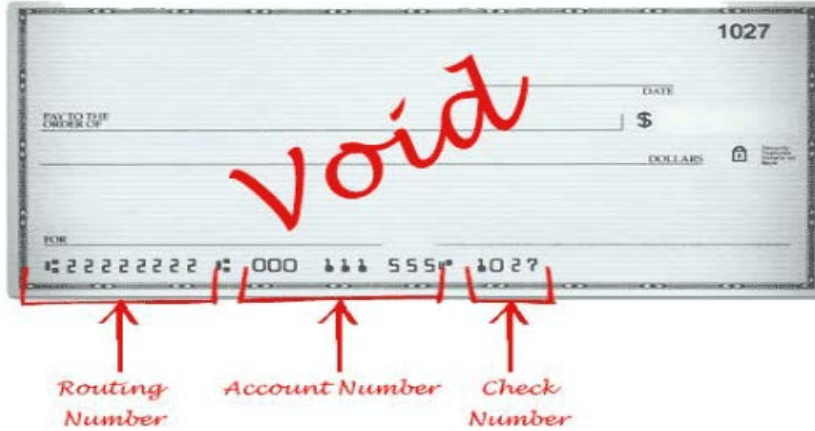
Bank Address

City

State

Zip Code

*****A voided check or pre-printed savings deposit slip must be attached to process this request*****



Account Type: Checking Savings Routing Number: _____

Account Number: _____

Signature of Bank Representative

Date

Printed Name

Phone #

Newsletter Election and Retiree ID

The Texas Legislature enacted Section 552.0038 of the Texas Government Code which makes your retirement information confidential. We would like to share the news of your retirement with the other members of the Fort Worth Employees' Retirement Fund ("Fund") in our newsletter. Please indicate below whether you would like us to use your name in the newsletter.

Only your name will be placed in the newsletter. No other information will be used. Your name will not be given to any marketers; however, the Fund's newsletter is posted on the Fund's website and available for viewing by the general public.

Please select one of the following options:

Would you like your name in the newsletter? Yes No Photo on Facebook? Yes No
Would you like a Retiree Identification Card? Yes No

If yes to FB, please explain what you plan to do in retirement: _____

Retirement date: 1, 20 Department: _____