

FORT WORTH EMPLOYEES' RETIREMENT FUND

RETIREMENT PACKET

FOR MEMBERS TAKING: NORMAL, EARLY, 25 YEAR POLICE RETIREMENT OR RETIREMENT AFTER DROP

Planning Ahead	You must make an appointment to see your Member Services Specialist at least thirty days before you plan to retire. 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. 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 Retirement Pension	Please fill this form out completely.	<input type="checkbox"/>
W4-P, Withholding Certificate for Pension	Your City of Fort Worth pension is considered taxable income. Please fill out this form to elect your federal tax withholding.	<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 of your pension payment.	<input type="checkbox"/>
Beneficiary Election Form	Birth dates, addresses and social security numbers are required for all beneficiaries. If you are married, your spouse must be your primary beneficiary. You must designate at least one contingent beneficiary.	<input type="checkbox"/>
Personal Information Election Form	This form must be completed and returned within 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. Any questions pertaining to these provisions must be directed to the Social Security Administration office at 1-800-772-1213.	<input type="checkbox"/>
OTHER ESSENTIAL ITEMS		
Required Documents	The following documents are required for both you and your spouse (if married). They must be provided at the time that you submit your application for retirement. <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	The City's Retiree Liaison in Human Resources will assist you with your health and life insurance, vacation, sick and final pay. Please call 817-392-2897 to schedule an appointment.	<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 schedule an appointment, please call our office at 817-632-8900.

Fort Worth Employees' Retirement Fund
3801 Hulen Street, Ste. 101
Fort Worth, TX 76107



APPLICATION FOR RETIREMENT PENSION

TO: BOARD OF TRUSTEES

Date: _____

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

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

Beneficiary Information:

- I do not OR I do have a spouse. My spouse's information is as follows:

Name: _____ Date of Birth: _____

Social Sec. No.: _____ Date of Marriage: _____

- I do not OR I do have dependent child(ren) under the age of eighteen (18).

Their information follows:

Name: _____ DOB: _____ S.S.#: _____

Name: _____ DOB: _____ S.S.#: _____

- I am aware of an election of a Survivor Benefit Reduction option.

Member Information:

_____ Social Security Number

_____ City State Zip Code

_____ City State Zip Code

_____ Alternate Telephone Number (if applicable)

_____ Email Address (optional)

_____ Date

_____ Date



ELECTRONIC DEPOSIT AUTHORIZATION FORM

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.

1. NAME OF PARTICIPANT COMPANY: FORT WORTH EMPLOYEES' RETIREMENT FUND

2. PARTICIPANT NAME (Please Print)

First Name

M.I.

Last Name

3. TELEPHONE NUMBER _____

4. SOCIAL SECURITY NUMBER _____

5. FINANCIAL INSTITUTION NAME AND ADDRESS

BANK NAME: _____

CITY _____ STATE _____

*****A Voided Check MUST be attached to process this request*****

(A Bank Representative can fill out the following portion if a voided check is not included)

[ATTACH CHECK HERE]

6. ACCOUNT TYPE: Checking Savings

7. BANK ROUTING NUMBER: ____ - ____ - ____

8. ACCOUNT NUMBER: _____

Signature of Bank Representative Printed Name Phone Number

In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form.
The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it.
I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.

PARTICIPANT SIGNATURE _____ **DATE** _____

Death Benefit Beneficiary Election

Retired Members Only

3801 Hulen Street, Suite 101
Fort Worth, Texas 76107
Phone: 817.632.8900



- This designates the beneficiary for the Death Benefit of a Retired Member.
- Please note that your surviving spouse is primary and s/he supersedes anyone else you designate.
- **NOTE:** This form does NOT change any election made on your retirement application for the Surviving Spouse Benefit or a Designated Beneficiary election.

Section I. Personal Data

Is this a new address? Yes No

Member's Name (Last, First, M.I.)		Social Security Number	Page ___ of ___ (Use only if additional forms are attached)
Mailing Address		Former Employee ID (if known)	
City, State, Zip + 4		Date of Birth	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Date of Marriage (if applicable)		Primary Phone Number

Section II. Beneficiary Designation

Primary Beneficiary(ies)			
PRIMARY (Spouse, if married)**	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
PRIMARY	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
Contingent Beneficiary(ies)			
CONTINGENT	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
CONTINGENT	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law.			
_____ Signature of Employee		_____ Date	_____ Signature of Witness (not beneficiary)
		_____ Date	

If you have additional Primary or Contingent beneficiaries, please complete a second form and label it page 2 at the top.

**** Your spouse must be listed as your primary beneficiary if you are married. If your spouse is waiving their right as your beneficiary, MUST contact your member specialist to complete an additional form Spousal Consent to Waive Beneficiary Rights.**



PUBLIC ACCESS TO PERSONAL INFORMATION ELECTION FORM

The Fort Worth Employees' Retirement Fund *may* receive a request for your address, telephone number and other personal information. The Texas Public Information Act allows members to choose whether or not to allow the public access to their home address, telephone numbers, or information that reveals whether they have family members.

This form must be completed **within fourteen (14) days from the date you ended service with the City of Fort Worth** if you do not want to allow the public access to the information set forth below. Without this form, your information can be disclosed to the public. Therefore, if you do not want such information about you released to the public, you must indicate your decision on this form to avoid any misinterpretation of your wishes.

Please indicate your choices by initialing the appropriate boxes:

ALLOW PUBLIC ACCESS TO:	NO	YES
1. Home Address		
2. Home Phone Number		
3. Cell Phone Number		
4. Is your Cell Phone owned by the City of Fort Worth?		
5. Information that reveals you have family members		

PRINTED NAME

XXX – XX – _____
LAST FOUR OF SSN

Active Only
Employee ID No. _____

SIGNATURE

TODAY'S DATE



Newsletter Election and Retiree ID

The Texas Legislature recently 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:

- YES, the Fund can use my name in the newsletter
- NO, the Fund may not use my name in the newsletter

Signed: _____

Print Name: _____

Department From Which You Are Retiring: _____

Last 4 Digits of Social Security #: _____

Today's Date: _____ Effective Date of Retirement: _____

Would you like a Retiree Identification Card? YES NO

May we put your retirement photo on Facebook? YES NO

If yes, can you write a couple of sentences that explain what you plan to do in retirement?
