

Lauderhill Police Officers' Retirement Plan

C/O Precision Pension Administration, Inc.
13790 NW 4th Street, Suite 105, Sunrise, Florida 33325

Phone: 954.636.7170

Toll Free Fax: 866.769.0678

AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED E-MAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, FAX (NUMBER CITED ABOVE) OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE

LASTLY, ALSO, PLEASE USE LAST FOUR (4) OF SOCIAL SECURITY NUMBER ONLY

THANK YOU



Lauderhill Police Retirement Plan

C/O Precision Pension Administration, Inc.
13790 N.W. 4th Street, Suite 105, Sunrise, Florida 33325

APPLICATION FOR PENSION OR DISABILITY BENEFITS

Please print or type:

1. A. Name of Employee: _____
Last Name, First Name, Middle
- B. Social Security Number: _____
- C. Date of Birth: _____
(Attach proof)
- D. Home Phone Number: _____
- E. Cell Phone Number: _____
- F. Permanent address to which check and correspondence should be sent:

2. A. Are you currently married? Yes _____ No _____
If yes, complete the following
- B. Name of Spouse: _____
Last Name, First Name, Middle
- C. Spouse's Social Security Number: _____
- D. Spouse's Date of Birth: _____
(Attach proof)
- E. Date of Marriage: _____
(Attach proof)

APPLICATION FOR PENSION OR DISABILITY BENEFITS - Page Two

Name of Employee: _____

3. Date of Hire by the City of Lauderdale: _____

4. Type of retirement for which you are applying (check one):

- _____ Normal Retirement _____ Normal Retirement (DROP)
_____ Service Incurred Disability _____ Non-Service Incurred Disability
_____ Early Retirement _____ Vested Retirement

5. I plan to retire on: _____

A. If a disability, Date disability commenced: _____

B. If a disability, Nature and cause of disability: _____

C. If a disability, Did your disability result from any of the following:

	YES	NO
(1) Use of drugs, intoxicants or narcotics?	_____	_____
(2) Due to a fight, riot or civil insurrection?	_____	_____
(3) While you were committing a crime?	_____	_____
(4) From an injury or disease sustained while You were serving in the Armed Forces:	_____	_____
(5) After your employment with the City terminated.	_____	_____
(6) While working for one other than the City and arising out of such employment?	_____	_____

NOTE: Records must be filed, including copies of a doctor's opinion, medical records and other documentation to show that the disability is total and permanent, and if application is made for a service incurred disability, copies of workers' compensation records and other documentation must also be filed to show the disability occurred while performing service related duties. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

I have reviewed the Designation of Beneficiary form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary (ies), I will file a new Designation of Beneficiary Form with this Application.

APPLICATION FOR PENSION OR DISABILITY BENEFITS - Page Three

Name of Employee: _____

This application revokes any prior applications.

Member Signature / Date

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of:

physical presence or

online notarization

this ____/____/____ by _____, who is personally
(date) (name or person acknowledging)

known to me or who has produced _____ as identification and
(type of identification)

did (did not) take an oath.

Notary Public

INSTRUCTIONS FOR PROVIDING PROOF OF AGE

At the time of your application for benefits, you and your spouse are required to produce proof of age. The following is a list of the documents, which may serve as proof of your age. Some of these documents are better proof than others. This list is arranged starting with the best type of proof and descending to the least desirable type of proof document.

You are required to furnish the best type of proof that is available. It is recognized, of course, that in many cases, a birth certificate will not be available, particularly for those who were born outside the United States. In that case, you should secure the best type of proof.

You do not have to furnish the original of any of these documents; you may submit ONE legible photocopy of the following for each (you and your spouse):

- A Birth Certificate
- A Baptismal Certificate or Statement as to the date of Birth shown by Church records, certified by the custodian of records
- Notification of Registration of birth in a public registry of vital statistics.
- Hospital birth record certified by the custodian of such records.
- A Foreign church or government record.
- A signed statement by the physician or midwife who attended the birth, as to the date of birth shown on their records
- Immigration papers such as Passport, Alien Card, etc.
- Military records
- School records certified by the custodian of such records.
- Marriage records showing date of birth or age (Application for Marriage License or Church Record, certified by the custodian of such records, or marriage certificate)
- An Insurance Policy which shows the age or date of birth
- Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll tax reports, Driver's License. Etc.



Lauderhill Police Officers' Retirement Plan

Lauderhill Police Officers' Retirement Plan
C/O Precision Pension Administration, Inc.
13790 N.W. 4th Street, Suite 105
Sunrise, Florida 33325

Phone: 954.636.7170

Toll Free Fax: 866.769.0678

AFFIDAVIT ACKNOWLEDGEMENT THAT NO QDRO'S EXIST DISTRIBUTING ANY PORTION OF MEMBER'S BENEFITS DUE FROM THE FUND

STATE OF _____)
COUNTY OF _____)

I, _____, being duly sworn, hereby depose and state
as follows:

1. I am a member in the **LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN** applying for benefits from the Fund.
2. At the time of submission of this application, there is no QDRO that exists distributing any interest in my **LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN** account to any former spouse(s).

FURTHER AFFIANT SAYETH NAUGHT.

MEMBER

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of:

- physical presence or
- online notarization

this ____/____/____ by _____, who is
personally
(date) (name or person acknowledging)

known to me or who has produced _____ as identification
and
(type of identification)

did (did not) take an oath.

Notary Public



Lauderhill Police Officers' Retirement Plan

Lauderhill Police Officers' Retirement Plan
C/O Precision Pension Administration, Inc.
13790 N.W. 4th Street, Suite 105
Sunrise, Florida 33325

Phone: 954.636.7170

Toll Free Fax: 866.769.0678

AFFIDAVIT ACKNOWLEDGEMENT THAT NO QDRO'S EXIST DISTRIBUTING ANY PORTION OF MEMBER'S BENEFITS DUE FROM THE FUND

STATE OF _____)
COUNTY OF _____)

I, _____, being duly sworn, hereby depose and state
as follows:

1. I am a member in the **LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN** applying for benefits from the Fund.
2. At the time of submission of this application, there is no QDRO that exists distributing any interest in my **LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN** account to any former spouse(s).

FURTHER AFFIANT SAYETH NAUGHT.

MEMBER

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of:

- physical presence or
- online notarization

this ____/____/____ by _____, who is
personally
(date) (name or person acknowledging)

known to me or who has produced _____ as identification
and
(type of identification)

did (did not) take an oath.

Notary Public