

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 OFFICERS' RETIREMENT PLAN

Beneficiary Designation Form

New Member Pre-Retirement DROP Normal/Early Retirement _____

EMPLOYEE DATA

Member Name: _____ Pension Entry Date: _____ / _____ / _____

Marital Status: _____ SS#: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
(Submit Proof) (Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cellular: (_____) _____

Badge #: _____ E-mail Address: _____

PRIMARY BENEFICIARY

I _____ designate the following person as my *primary*
(Member Please Print Name)
beneficiary entitled to receive any benefits due in the event of my death:

Beneficiary Name: _____ Relationship: _____

Male: ___ Female: ___ SS#: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cellular: (_____) _____

E-mail Address: _____

A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____ % benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____ Relationship: _____

Male: ___ Female: ___ SS#: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cellular: (_____) _____

E-mail Address: _____

LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN
Beneficiary Designation Form - Page Two



Member Name: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the
primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
(Submit Proof)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cellular:** (_____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the
primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
(Submit Proof)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cellular:** (_____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the
primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
(Submit Proof)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cellular:** (_____) _____

E-mail Address: _____

**LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN
Beneficiary Designation Form - Page Three**



Member Name: _____

By my signature below, I acknowledge that under Florida law a change in my marital status (marriage, divorce, annulment) may affect the Plan's ability to pay benefits to the above designated beneficiary and that it is my responsibility to notify the pension office of any changes to my designated beneficiary. I understand that if an updated form is not on file at the time of my death specifically designating my "former spouse" as my beneficiary, then my former spouse may be treated by the plan as automatically predeceasing me and he or she will not receive a benefit from the plan.

The foregoing designation of beneficiaries revokes any and all prior designations of beneficiaries (*if applicable*). I also acknowledge that it is my responsibility to notify the Board of Trustees of the Lauderhill Police Officers' Retirement Plan (*or their designee*) should any change in beneficiary be necessitated in the future, or if there is (are) any other change(s) that may affect the accuracy of this form.

Member/Retiree's 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

Return To: **Lauderhill Police Officers' Retirement Plan
C/O Precision Pension Administration, Inc.
13790 NW 4 Street, Suite 105
Sunrise, Florida 33325**

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

Office use only

Updated/Entered By: _____

Date: _____



Direct Deposit Authorization

Would you like to receive your Pension Payment faster and at no extra charge?

We are glad to be able to offer you **DIRECT DEPOSIT** to your checking or savings account (no matter who you bank with) **ABSOLUTELY FREE!**

Please continue to advise us of any address changes.

Please attach a voided check

Deposit slips will only be accepted for Savings Accounts

Requests will not be processed without a voided check for Direct Deposit to a Checking Account

Authorization agreement for automatic deposits (ACH credits)

I hereby authorize the Fifth Third Bank, hereinafter called company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking/ savings account indicated below at the financial institution named below, hereinafter called depository, to credit and/or debit the same to such account. I have enclosed a voided check for your convenience.

Financial Institution Name & Address: _____

City: _____ State: _____ Zip: _____

Bank phone #: _____ Checking: _____ Savings: _____

ABA Routing #: _____ Account #: _____

This authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Name: _____ Retired from: _____

Signature: _____ Date: _____

Social Security #: _____

Please attach a voided check

Deposit slips will only be accepted for Savings Accounts

Requests will not be processed without a voided check for Direct Deposit to a Checking Account

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2023

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c) \$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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



Residency Information – Periodic Payment

Plan Name LAUDERHILL POLICE OFFICERS' RETIREMENT PLAN

Bank/Pay Group 044-962632

If this form is not completed and sent with payment request the payment will not be processed
Please complete all items in Sections A and B

A. Participant Information

Name: _____ Social Security#: _____ Date of Birth: _____
Home/Tax Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

B. Participant Residency Information

Please check the correct tax status:

_____ U. S. Citizen/Resident Alien _____ Non-Resident Alien

Is payment to be delivered to an address or account outside the United States? _____ Yes _____ No

If you are a Non-Resident Alien, please complete the IRS Form W8-BEN by following the instructions provided, and include with the payment request. **If IRS Form W8-BEN is not included the payment will not be processed.**

If you are a U. S. Citizen/Resident Alien, please complete the IRS Form W-4P by following the instructions provided and include with the payment request. **If IRS Form W-4P is not included, withholding will be processed assuming a marital status of Married/Joint with 3 exemptions.**

Participant Signature: _____ Date: _____

Printed Name: _____

For Fifth Third Use Only

Input by: _____

Verified by: _____

City of Lauderdale
Police Officers' Retirement Plan
Retirement Checklist

Planning for your retirement is as important as planning for your family, home, career or health. Retirement will be here before you know it, so to ensure that you are ready please follow the checklist below and its retirement planning dates. Please remember that as time grows closer to retirement, the dates become more critical.

Throughout Your Active Career

- Review the following statements for accuracy:
 - ▶ Retirement Plan Annual Statements
 - ▶ Quarterly brokerage, deferred compensation, 457, 401(k), and 403(b) statements
 - ▶ Social Security statements
- Consider purchasing any available optional service credit
 - ▶ prior police service
 - ▶ prior active military service
 - ▶ (Tier 2) purchase increase in benefit calculation multiplier
- Attend a retirement workshop offered by your Plan's Board of Trustees.
- Maximize all contributions to deferred compensation and/or savings plans.
- Create a plan for your estate and establish a will. If you have children, consider establishing a living trust.
- Meet with an unbiased financial planner to determine if your assets are properly allocated in your outside investment accounts. Generally, an unbiased planner is one that does not earn wages based on commissions from investment products he or she sells.

2 to 3 Years Before You Retire

- Determine if the Deferred Retirement Option Program is right for you.
- Maximize all contributions to deferred compensation and/or savings plans.
- Estimate your income at retirement by looking at your current income and expenses and try to figure what expenses will be fixed in retirement versus what may be discretionary.
- Attend a retirement workshop offered by your Plan's Board of Trustees.

Within One Year Before You Retire

- Ask for an estimated retirement benefit calculation.
- Make sure you have a valid copy of your and your spouse's birth certificates. Also gather or obtain copies of your life insurance policies, account statements, beneficiary information, and wills, and keep them in a secure place.
- Determine your eligibility as a retiree for continuing health insurance coverage.

60 Days Before You Retire

- Submit your letter of resignation to the City of Lauderhill.
- If choosing to retire and separate from the City of Lauderhill, submit application.
- If choosing to enroll in the DROP, submit application.
 - ▶ Final Payroll: The administrator will typically receive your final payroll information 2-3 weeks following your date of entry in the DROP or retirement.
 - ▶ Administrator provides information to the Actuary: following receipt of final payroll from the city.
 - ▶ Actuary certifies final benefit calculation 1-2 weeks later. Administrator will notify retiring member generally upon receipt of this information.
 - ▶ Member notifies administrator which final form of benefit the employee wants. This is a life decision and cannot be changed once selected.

Checklist:

Forms to DROP/ Retire

- _____ DROP Application Package (DROP Only - See Finance Department)
- _____ Copy of Birth Certificate or Driver's License * Beneficiary Designation
(Update If Necessary)
- _____ Benefit Election Form (Choose Form of Pension Benefit Payment after
Processing of Benefit)

Additional Forms To Begin Payment Of Benefits

- _____ Direct Deposit Form (Direct Deposit of Pension Benefit to Checking or
Savings Account)
- _____ W-4P (Tax Withholding Form For Pension Benefit)
- _____ Beneficiary Designation (Update If Necessary)
- _____ Health Insurance Deduction Authorization (Completed at risk management)