



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:

Member's Name _____ Social Security Number _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address (if applicable) _____ City _____ State _____ Zip Code _____

Primary Telephone Number _____ Alternate Telephone Number (if applicable) _____

Email Address (optional) _____

Member's Signature _____ Date _____

Witness' Signature _____ Date _____