



# 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