

**CITY OF MIRAMAR PENSION TRUST FOR GENERAL EMPLOYEES
APPLICATION FOR PENSION BENEFITS**

PLEASE PRINT OF TYPE:

1. a. Name of Employee: _____
(Last) (First) (Middle)
- b. Social Security Number: _____
- c. Date of Birth: _____
(Attach birth certificate or other proof)
- d. Department you worked for: _____
- e. Home Telephone Number: (____) _____
- f. Home Address: _____
(Address) (Street)

(City) (State) (Zip Code)
- g. Permanent address to which check and correspondence should be sent:

(Address) (Street)

(City) (State) (Zip Code)
2. a. Are you currently married? Yes _____ No _____
If yes, please complete the following:
- b. Name of Spouse: _____
(Last) (First) (Middle)
- c. Spouse's Social Security Number: _____
- d. Spouse's Date of Birth: _____
(Attach proof of date of birth)
- e. Date of Marriage: _____
(Month-Day-Year)

3. Contingent Beneficiary:

- a. Name & relationship: _____
- b. Social Security Number: _____
- c. Address: _____

4. Date you were hired by the City: _____
(Month-Day-Year)

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

- _____ Normal Retirement
- _____ Early Retirement
- _____ Service Incurred Disability
- _____ Non-Service Incurred Disability
- _____ Deferred Vested Retirement

6. I plan to retire on: _____
(Month-Day-Year)

If you are applying for a Disability Benefit:

- a. Date disability commenced: _____
(Month-Day-Year)
- b. Nature and cause of disability: _____

c. 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 any 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.

This application revokes any prior applications.

EMPLOYEE'S SIGNATURE

DATE

WITNESS' SIGNATURE

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

STATE OF FLORIDA)
COUNTY OF _____)

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

1. I am a member in the **City of Miramar Pension Trust for General Employees** 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 **City of Miramar Pension Trust for General Employees** account to any former spouse(s).

FURTHER AFFIANT SAYETH NAUGHT.

MEMBER

The foregoing instrument was subscribed, sworn to, and acknowledged before me this ___ day of _____, 200__, by _____, who is personally known to me or has produced _____ as identification and did/did not take an oath.

Notary Public
My commission expires:

Printed, Typed or Stamped Name

III. Contingent Beneficiary (To receive benefit if above named beneficiaries predecease member):

If the above named beneficiary(ies) dies before me, or is not available to receive any benefit due, I designate the following person(s) as the contingent beneficiary(ies) entitled to receive any benefits due:

Name of Contingent Beneficiary: _____ Percentage: _____

Beneficiary's Social Security #: _____ - _____ - _____ Relationship: _____

Date of Birth of Beneficiary: ____/____/____ Sex of Beneficiary: Male _____ Female: _____

Address: _____
(Address) (Street)

(City) (State) (Zip Code)

Telephone Number of Contingent Beneficiary: () _____

Name of Contingent Beneficiary: _____ Percentage: _____

Beneficiary's Social Security #: _____ - _____ - _____ Relationship: _____

Date of Birth of Beneficiary: ____/____/____ Sex of Beneficiary: Male _____ Female: _____

Address: _____
(Address) (Street)

(City) (State) (Zip Code)

Telephone Number of Contingent Beneficiary: () _____

(Note that the total percentages for both contingent beneficiaries may not exceed one hundred percent.)

This form takes the place of any other beneficiary form previously filed.

(Member's signature)

SOCIAL SECURITY NUMBERS ARE REQUESTED AND MAINTAINED ON BEHALF OF ALL PLAN PARTICIPANTS, BENEFICIARIES AND RETIREES FOR DATA COLLECTION, RECONCILIATION, TRACKING, BENEFIT PROCESSING, TAX REPORTING, AND IDENTITY VERIFICATION PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR DEATH RECORD SEARCHES FOR RETIREES.

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____, day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Name:
Notary Public
My Commission Expires: _____
Commission No: _____

**Withholding Certificate for
 Pension or Annuity Payments**

2016

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2016.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.
Future developments. The IRS has created a page on www.irs.gov/w4p for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
	<ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. 		
B	Enter "1" if:	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return	E	_____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	F	_____
G	Add lines A through F and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	G	_____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one source of income subject to withholding or are married and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below. 		

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.

**Withholding Certificate for
 Pension or Annuity Payments**

2016

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ▶ _____
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ▶ \$ _____

Your signature ▶ _____ Date ▶ _____

DIRECT DEPOSIT AGREEMENT

Plan Name _____ Account Number _____

Instructions. If you wish to have pension checks deposited electronically into your financial institution account, **please return this agreement to your former employer or pension fund office**, along with a voided check or voided savings deposit form. If your bank is not a member of the Automated Clearing House (ACH), your former employer or pension fund office will notify you, and this authorization will be canceled. All banking information must be approved and submitted by a Plan Representative.

1 PERSONAL INFORMATION

Your Name _____ Social Security Number _____
 Home Address _____ City _____ State _____ Zip _____

2 FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____ ABA Routing Number _____
 Branch Address _____ City _____ State _____ Zip _____
 Account Number _____ Account Name _____

Account Number _____ ABA Routing Number _____

Account Type (check one):
 Checking Savings

3 AUTHORIZATION

I authorize Fiduciary Trust Company International to make all benefit payments to which I am entitled by direct deposit to the account designated above. To correct any overpayments made to my account during or after my lifetime, I hereby authorize and direct the financial institution designated above to debit my account and refund such overpayment to Fiduciary Trust Company International.

This authorization is to remain in force until I revoke it in writing or if Fiduciary Trust Company International terminates the direct deposit service. I will send all notices relating to direct deposit through my former employer or pension fund. I understand that I must allow reasonable time for any changes to be executed.

X _____
 Signature of Plan Participant _____ Date _____

 Print Name of Plan Participant

X _____
 Signature of Authorized Plan Representative _____ Date _____

 Print Name of Authorized Plan Representative

INSTRUCTIONS FOR PROVIDING PROOF OF AGE

At the time of your application for benefits, you are required to produce proof of your 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 which 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 next best type of proof.

You do not have to furnish the original of any of these documents, you may submit a photocopy:

1. A Birth Certificate.
2. A Baptismal Certificate or a Statement as to the date of Birth shown by a Church record, certified by the custodian of records.
3. Notification of Registration of birth in a public registry of vital statistics.
4. Hospital birth Record, certified by the custodian of such records..
5. A Foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration Papers.
9. Military Record.
10. Passport.
11. School Record, certified by the custodian of such records.
12. 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).
13. An Insurance Policy which shows the age or date of birth.
14. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll tax receipts, Driver's License, etc.