



CITY OF SUNRISE, FLORIDA POLICE OFFICERS' RETIREMENT PLAN



13790 NW 4 Street, Suite 105
Sunrise, Florida 33325

Telephone: (954) 845-0298

Fax: (954) 845-9852

PLEASE REVIEW

To: Active Police Pension Members
From: Michael West
Subject: Pre-Retirement Benefit Selection
Date: July 25, 2018

On behalf of your Board of Trustees, I have enclosed a Pre-Retirement Benefit Selection Form. The form is intended for active pension plan members who have NOT entered the DROP and who has NOT already completed a form prior to this date.

Should you die before retiring or entering DROP, and you have no benefit selection form on file, your beneficiary will receive a ten-year certain benefit. This means they will receive 120 payments and then the benefit will stop. By filling out this form, you can select an optional benefit to have on file in the Retirement Office which could provide a lifelong benefit payment to your beneficiary, in the event of your death.

While the benefit option election is yours, if you choose, 100% Joint & Survivor Annuity it would provide the greatest benefit payment to your beneficiary for his / her life. This pre-retirement benefit option election only would apply in the unlikely event of your death prior to retirement or entering DROP. When you submit your application for retirement or to enter DROP, you will have an opportunity to make a final benefit option election.

In addition to this form, I have also enclosed is a Beneficiary Selection form. If you have never completed one or your current form is outdated, please complete and return along with the Pre-Retirement Election form. If you have a Benefit Selection form on file and submit a new one, the form currently on file will be rendered void.

Please complete these forms as soon as possible and return them to the Retirement Office. Any questions or concerns, kindly contact the Plan Administrator, Dave Williams at 954-345-0298.

Respectfully,


Michael A. West, Chairman
FOR THE BOARD

Please visit us at www.sunrisepolicepension.com



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PRE-RETIREMENT BENEFIT ELECTION FORM

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: _____

I understand that this election of my form of payment option can be changed up to the issuance of the first monthly payment. After the date that the first annuity check is issued, no change can be made in the election of form of payment option. This election revokes and replaces any prior elections for my defined benefit portion of the Fund.

I understand that in the event of my death before I have attained ten years of credited service, the accumulated contributions to my credit at the time of my death will be paid to my primary beneficiary. If the primary beneficiary predeceases me, accumulated contributions will be paid to my contingent beneficiary(ies) and if none are named or survive me, then to my estate.

BENEFIT ELECTION OPTIONS (SELECT ONE)

_____ TEN YEAR CERTAIN AND LIFE THEREAFTER ANNUITY: This option provides monthly payments for your life but if you should die before 120 monthly payments have been made, the same amount will continue to be paid to your beneficiary until a total of 120 monthly payments have been made in all.

_____ 100% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of the same amount for as long as he/she lives.

_____ 75% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 75% of your monthly payment amount for as long as he/she lives.

_____ 66 2/3% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 66 2/3% of your monthly payment amount for as long as he/she lives.

PRE-RETIREMENT BENEFIT ELECTION FORM

Member Name: _____

_____ 50% JOINT AND SURVIVOR ANNUITY: This option pays a reduced monthly payments to you as long as you live. Your designated beneficiary, if living at the time of your death, will then receive monthly payments of 50% of your monthly payment amount for as long as he/she lives.

Member Signature

Date

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____/____/____ by
Date

_____, who is *personally known to me* or who has
(Name of person acknowledging)

produced _____ as identification and did (did not) take a oath
(Type of identification)

Notary Public

**Return To: CITY OF SUNRISE POLICE OFFICERS' RETIREMENT PLAN
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: _____



City of Sunrise Police Officers' Retirement System



Beneficiary Designation Form

- New Member Pre-Retirement DROP Retirement Normal/Early Retirement (Disability)

EMPLOYEE DATA

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

Marital Status: _____ SS#: ____ - ____ - ____ Date of Birth: ____/____/____

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

Phone: (____) _____ Pager: (____) _____

Fax: (____) _____ Cellular: (____) _____

E-mail Address: _____

PRIMARY BENEFICIARY

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

Beneficiary Name: _____ Relationship: _____

Male: ___ Female: ___ SS#: ____ - ____ - ____ Date of Birth: ____/____/____

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

Phone: (____) _____ Pager: (____) _____

Fax: (____) _____ 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 beneficiary*
(Employee Please Print Name)
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: ____/____/____

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

Phone: (____) _____ Pager: (____) _____

Fax: (____) _____ Cellular: (____) _____

E-mail Address: _____

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City of Sunrise Police Officers' Retirement System
Beneficiary Designation Form

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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:** ____/____/____

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

Phone: (____) _____ **Pager:** (____) _____

Fax: (____) _____ **Cellular:** (____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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:** ____/____/____

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

Phone: (____) _____ **Pager:** (____) _____

Fax: (____) _____ **Cellular:** (____) _____

E-mail Address: _____

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 Sunrise Police Officers' Retirement System (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.

Employee's/Retiree's Signature
_____/_____/_____
Date
Return to: Sunrise Police Officers' Retirement System, 13790 NW 4 Street, Suite 105, Sunrise, Florida 33325

Office use only

Updated/Entered By: _____ Date: _____

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 119.07(5)(a)(2)(a)(II), Florida Statutes.