



## City of Sunrise – Police Officers’ Retirement System

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AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED EMAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.

LASTLY, ALSO, PLEASE USE LAST FOUR OF SOCIAL SECURITY NUMBER ONLY.

THANK YOU

**CLICK BELOW TO SEND SECURELY VIA THE  
FOLLOWING LINK:**



**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.

**City of Sunrise Police Officers' Retirement System  
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 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  
(type of identification)

and did (did not) take an oath.

\_\_\_\_\_  
Notary Public

**Return To: CITY OF SUNRISE POLICE OFFICERS' RETIREMENT PLAN  
2650 W. State Road 84, Suite 100A  
Fort Lauderdale, Florida 33312**

**\*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.