



TUSCALOOSA POLICE OFFICERS AND FIREFIGHTERS RETIREMENT PLAN

Declaration of Benefit Option

(This form must be completed and returned to the City of Tuscaloosa Human Resources Department at least 30 days and no more than 90 days prior to your expected annuity starting date or the effective date of your DROP. Your option cannot be changed after your annuity starting date or your effective DROP date).

MEMBER INFORMATION: PLEASE PRINT OR TYPE

Last Name: _____ First Name: _____ Middle: _____

D.O.B.: _____ Sex: _____ SSN: _____

Home Telephone #: _____ Cell #: _____ Married: Yes _____ No _____

Spouse's Last Name: _____ First Name: _____ Middle: _____

Spouse's D.O.B.: _____ SSN: _____

Minor Children's Name: _____ D.O.B.: _____

_____ D.O.B.: _____

Street Address: _____

Street City State Zip

Mailing Address (if different): _____

Street City State Zip

Date of Hire: _____ Expected Annuity Start Date: _____ Effective date of Drop: _____ (if electing DROP)

BENEFIT OPTION - Initial One:

Single Life Annuity - This option will provide you a monthly benefit 5% greater than the benefit amount under the Normal Form of Payment. But when you die, no further benefits are payable under this plan. If you are married at the time of this election, both you and your spouse must sign this form and have it notarized (see below).

Normal Form of Payment - This option will provide you with a monthly benefit for your life plus a survivor's benefit in accordance with provisions of the plan.

I, _____, have been advised of the benefit options shown on this form and request that my benefit be paid in accordance with the benefit option initialed above. If electing DROP, the undersigned member hereby acknowledges that he or she must retire within 5 years of the date of the approved DROP participation by the board. Failure to do so will cause forfeiture of the DROP fund account.

Member's Signature: _____ Date: _____

Subscribed and sworn before me by above designated member this _____ day of _____, 20__ My Commission expires: _____

(Notary Public)

If Single Life Annuity benefit option is chosen, spouse needs to sign below.

I, _____, am lawfully married to _____ and have been advised of Benefit Options shown on this form and agree to the Single Life Annuity option. Spouse's Signature: _____ Date: _____

Subscribed before me on this the ___ day of _____, 20__. My Commission expires: _____

(Notary Public)

Administrative Use Only: Received by: _____ Date received & filed: _____

Scanned & emailed to: _____ and/or sent copy to: _____