

Pension Benefit Application



DALLAS
POLICE & FIRE
PENSION SYSTEM



Member's name _____

Member's last 4 digits of SS# _____

| | | | |
|---|------|--------------------------|--|
| Department <input type="checkbox"/> Police <input type="checkbox"/> Fire | Rank | Sex | Date of Birth (attach birth certificate) |
| Employee Number | | | |
| Street Address or P.O. Box | | City, State and Zip Code | Telephone |

I HEREBY MAKE APPLICATION FOR BENEFITS AS INDICATED BELOW UNDER THE PROVISIONS OF THE POLICE AND FIRE PENSION SYSTEM OF THE CITY OF DALLAS.

| | | | |
|---|---|--|-------------------------------|
| Type of Benefit | | | |
| <input type="checkbox"/> Service Retirement | <input type="checkbox"/> Disability (on duty) | <input type="checkbox"/> Disability (off duty) | <input type="checkbox"/> QDRO |
| Original Service Date | | Last Date on Payroll | |
| Date Pension Effective | | Pension Service Credits | |

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY. INDICATE "NONE" WHERE INFORMATION IS NOT APPLICABLE. IF MARRIED, ATTACH PROOF OF MARRIAGE; ATTACH A BIRTH CERTIFICATE FOR ALL DEPENDENTS, AND PROOF OF ADOPTION IF APPLICABLE.

IF EVER DIVORCED, IS A COPY OF FINAL DIVORCE DECREE ON FILE? YES or NO

| | | | |
|-------------------|--|------------------|---------------|
| DEPENDENTS | Name of Spouse | Date of Marriage | Date of Birth |
| | | | SS# |
| | Name of Child under 19 (or dependent Parent) | Sex | Date of Birth |
| | | | SS# |
| | Name of Child under 19 (or dependent Parent) | Sex | Date of Birth |
| | | | SS# |

Attach additional sheets if necessary to list all dependents.

| | | | |
|-------------------|--|---------------------------------|---------------------------------|
| DEDUCTIONS | I HEREBY AUTHORIZE THE FOLLOWING DEDUCTIONS TO BE MADE FROM MY MONTHLY BENEFIT CHECKS AND AGREE TO PAY ANY INCREASE IN RATES WITHOUT FURTHER AUTHORIZATION. | | |
| | <input type="checkbox"/> BURIAL FUND (Fire only) | <input type="checkbox"/> MYSELF | <input type="checkbox"/> SPOUSE |
| | <input type="checkbox"/> INCOME TAX (Please complete the attached W-4P) | | |

I SWEAR THAT ALL THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN COUNSELED ON ALL OF THE RETIREMENT OPTIONS AVAILABLE TO ME AND I ELECT TO RECEIVE BENEFITS FROM

(DESIGNATED PLAN)

SIGNATURE (AS YOU PLAN TO ENDORSE YOUR BENEFIT CHECKS)

DATE

For Office Use Only

Notes: