

**City of Ft. Lauderdale Police & Fire Retirement System  
Participant's Election of Benefits**

I elect the Retirement option as indicated below and desire benefits paid in accordance with provisions of same:

**STANDARD BENEFIT:**

\_\_\_\_\_ **Normal Retirement Benefits** (100% for one year, 60% until death or remarriage & 20% for each child under age 18)

Spouse: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Children: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Children: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Children: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

In Lieu of Standard Benefits, I desire to have my retirement allowance paid as follows:  
(effective for Retirements after January 1, 2000)

**\*JOINT & SURVIVOR:**

Beneficiary: \_\_\_\_\_ D.O.B. \_\_\_\_\_

100% \_\_\_\_\_ 75% \_\_\_\_\_ 66-2/3% \_\_\_\_\_ 50% \_\_\_\_\_

**\*LIFE OF MEMBER** \_\_\_\_\_

\*These options provide no benefits to dependent children unless chosen specifically as the beneficiary. The Joint & Survivor Benefits are based on the beneficiary named and are payable only to this beneficiary. If you wish to change your beneficiary at any time, the current beneficiary must be living and a new benefit will be recalculated for the new beneficiary.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name