



# NORTH MIAMI POLICE PENSION PLAN

## BENEFICIARY APPLICATION FOR PENSION BENEFITS

PP Employee #: \_\_\_\_\_

### Applicant Information

Full Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Last First M.I. Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

### Processing Notes

Office Use only please continue on next page


Plan Participants Name:

Employee Number: \_\_\_\_\_ Benefit Amount at time of passing: \_\_\_\_\_

Amount to be paid to the Beneficiary \_\_\_\_\_ Beneficiary payment stop date: \_\_\_\_\_

\_\_\_\_\_

**Check one of the following federal tax elections:**



I do not wish to have any federal taxes withheld from my annuity.



Withhold federal taxes in the amount of \_\_\_\_\_ per month from my annuity.

You can answer in percentage or dollar amount

**Direct Deposit**



Name of Financial Institution: \_\_\_\_\_

Address: City, State, Zip: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (must be exactly 9 digits)

Bank Account Number \_\_\_\_\_

Type of Account:                      Checking                      Savings



**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

By signing this application, I understand and agree to abide by all the terms above. I agree that neither the Board of Trustees, nor the City of North Miami shall be liable for honoring any information contained on this form. It is a crime for a person to willfully and knowingly make or cause to be made or to assist, conspire with or urge another to make, or cause to be made any false, fraudulent or misleading oral or written statement, withhold, or conceal material information to obtain any benefit from a retirement plan. In addition to any applicable criminal penalty upon conviction, a participant or beneficiary of the plan may, at the discretion of The Board of Trustees, forfeit the right to receive any or all benefits to which the participant would otherwise be entitled. For purposes hereof, "conviction" means a determination of guilt as a result of a plea or trial, regardless of whether adjudication is withheld.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please be sure to include:

- Documents to prove relationship to the Plan participant. (i.e. Marriage Certificate or Birth Certificate)
- Valid Identification
- A copy of the Death Certificate