

**FIREFIGHTERS' PENSION & RELIEF FUND  
FOR THE CITY OF NEW ORLEANS**

3520 General De Gaulle Suite 3001  
New Orleans, Louisiana 70114  
(504) 366-8102  
(504) 366-8103 fax

**APPLICATION FOR A SERVICE RETIREMENT BENEFIT  
AND BENEFIT DISTRIBUTION ELECTION**  
(New System Firefighter)

I hereby apply for my Service Retirement Benefit from the Firefighters' Pension & Relief Fund for the City of New Orleans ("Fund") and agree to be bound by the Louisiana Statute establishing the Fund, La. R.S. 11:3361 et seq., and the Rules and Regulations thereunder. I hereby request the Board of Trustees of the Fund to determine my eligibility to receive my Service Retirement Benefit, and to place my name on the pension rolls. I understand that this Application will be reviewed by the Board only after my Application file is complete and all requested documentary or other evidence requested by the Board has been furnished.

Please print or type the requested information and return this Application to the Fund office.

**A. GENERAL INFORMATION**

1. Firefighter's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street City State Zip Code

3. Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

4. Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

*(Please submit verification of date of birth, i.e. certified copy of birth certificate.)*

6. Date of Employment as Firefighter: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

7. Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable) Month Day Year

8. Date of Retirement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

9. Marital status:  Single  Married

If Married:

(a) Name of Spouse: \_\_\_\_\_  
Last First Maiden

(b) Date of Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Please submit verification of the marriage, i.e. certified copy of marriage license.)

(c) Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(d) Spouse's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
(Please submit verification of date of birth, i.e. certified copy of birth certificate.)

(e) Spouse's Address: \_\_\_\_\_  
Street City State Zip

10. Have you ever served in the Armed Forces of the United States? ( ) Yes ( ) No

If yes, submit verification of your service and fill in the information below.

Branch of Service	Date Entered	Date Discharged or Separated
_____	_____	_____
_____	_____	_____

## B. ELECTION OF BENEFIT PAYMENT OPTION

I understand that pursuant to La. R.S. 11:3385, I have the option to receive my Service Retirement Benefit in the form of a single life annuity payable over my life with no survivor benefits, a reduced annuity payable over my life with survivor benefits payable to my Designated Beneficiary, or as a reduced annuity payable over my life plus an initial lump sum benefit. I elect to receive my Service Retirement Benefit in the following manner:

Please check one of the following:

- Single Life Annuity Option:** My Service Retirement Benefit will be paid to me in equal periodic payments each month for as long as I live. At my death, no further benefits will be paid.
- Reduced Annuity With Lump Sum Option Payment to Designated Beneficiary:** My Service Retirement Benefit will be paid to me in equal periodic payments each month for as long as I live, with any unpaid balance of the actuarial value of my Accumulated Contributions to be paid to my Designated Beneficiary.<sup>1</sup>
- Joint and Survivor -Annuity Option:** My Service Retirement Benefit will be paid to me for as long as I live, in equal periodic payments each month, as actuarially calculated, based on

<sup>1</sup> If you have elected this optional form of payment of your Service Retirement benefit, you must designate a Beneficiary on the Designation of Beneficiary Form.

the joint life expectancy of me and my Designated Beneficiary, with monthly payments continuing to my Designated Beneficiary, for life.

4.  **50% Survivor Annuity Option:** My Service Retirement Benefit will be paid to me for as long as I live, in equal periodic payments each month and with monthly payments equal to 50% of my monthly benefit continuing after my death to my Designated Beneficiary, for life.

5.  **Partial Lump-sum Option Payment ("PLOP"):** My Service Retirement Benefit will be paid to me for as long as I live in reduced equal monthly payments, payable for as long as I live, plus an initial lump-sum benefit not to exceed an amount equal to my normal monthly retirement benefit multiplied by sixty with no further benefits to be paid at my death. I understand that my monthly retirement benefit will be actuarially reduced based on the lump-sum amount I select and my age at retirement. I also understand that any cost of living adjustment granted by the Board of Trustees will be based only on the reduced monthly retirement benefit and not on the partial lump-sum benefit.

Below, please select the number of months you wish to receive as your partial lump-sum payment.

I, \_\_\_\_\_, hereby select to receive my PLOP benefit based on \_\_\_\_\_ (1-60) months. (May not exceed 60 months.)

6.  **Other:** My Service Retirement Benefit will be paid to me in any combination of equal monthly payments, as described below, for as long as I live with a continuing benefit payable to my Designated Beneficiary for life. My Service Retirement Benefit will be paid in the following manner: (Describe the manner of payment to you and your Designated Beneficiary; however, the total benefit payable to both must equal the actuarial equivalent of your Service Retirement Benefit.)

\_\_\_\_\_  
\_\_\_\_\_

I understand that I must notify the Trustees of the Fund, in writing, if the above general information should change.

I have attached the necessary verification to this Application and understand that this Application for Service Retirement Benefit will not be considered by the Board of Trustees until it is completed in full and all verifications are submitted herewith.

I certify that the above information is true and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Signature of Firefighter

**SPOUSAL ACKNOWLEDGMENT**

(If you are married, your spouse must execute this Acknowledgement)

STATE OF \_\_\_\_\_

PARISH OF \_\_\_\_\_

BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally came and appeared:

\_\_\_\_\_, who being duly sworn did depose and say:  
*(Name of Spouse)*

As the legal spouse of Firefighter \_\_\_\_\_, I hereby acknowledge the above retirement benefit distribution election by my spouse. I further understand that my spouse's benefit election and his designation of beneficiary, of which I have knowledge, may preclude or reduce my receipt of benefits from the Firefighters' Pension and Relief Fund in the event of my spouse's death.

\_\_\_\_\_  
*Spouse's Signature*

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Social Security Number*

SWORN TO AND SUBSCRIBED  
BEFORE ME, NOTARY,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC

Date Filed with Board of Trustees: \_\_\_\_\_