

# THE FIREMEN'S RETIREMENT SYSTEM OF ST. LOUIS

## Application for Service Retirement

Soc. Sec. No. 555-55-5555

Appointed \_\_\_\_\_

Assigned \_\_\_\_\_ Dist. No. \_\_\_\_\_

Retirement Number

To the Board of Trustees:

In accordance with the provisions of the Ordinance governing the operation of the Firemen's Retirement System of St. Louis, I, the undersigned JOHN DOE, a member of the System, do hereby make application for the Service Retirement as follows:

- (1) Retirement 20 years or more of service but less than 30 years of service under age 60.
- (2) Retirement 30 years or more of service under age 60. (MAXIMUM BENEFIT 30 YEARS OF SERVICE).
- (3) Compulsory retirement at age 60 with 30 years of service.

The last day for which I have received or will receive compensation from the Fire Department of the City of St. Louis is

Service Retirement Allowance becomes effective on

Month	Day	Year

The above statements are true and to the best of my knowledge and belief.

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Member's Signature)

Wife's Name \_\_\_\_\_

\_\_\_\_\_  
(Number and Street)

Wife's Birthday \_\_\_\_\_

\_\_\_\_\_  
(City, State and Zip Code)

Date of Marriage \_\_\_\_\_

Phone \_\_\_\_\_

**FIREMEN'S RETIREMENT SYSTEM - SERVICE RETIREMENT DATA**

SSN# 555-55-5555      NAME: JOHN DOE      RANK: FF      DROP: / /

ADDRESS: 100 South North Street, St. Louis, MO 55555

PRE-DROP YEARS OF SERVICE:      YEARS: 27      MONTHS: 5      DAYS: 17

POST-DROP YEARS OF SERVICE:      YEARS: 0      MONTHS: 0      DAYS: 0

SICK LEAVE:      YEARS: 0      MONTHS: 0      DAYS: 0

TOTAL YEARS OF SERVICE:      YEARS: 27      MONTHS: 5      DAYS: 17

DROP BENEFIT:      \$ 2,690.13

POST-DROP BENEFIT: 0.00 % OF 2 YEAR AVERAGE:      \$ 0.00

TOTAL DROP AND POST-DROP BENEFIT:      \$ 2,690.13

DISTRIBUTION FROM DROP PER MONTH: \$      TOTAL: \$

Each October you will receive a cost of living increase up to 2.25 % if the cost of living is that high. At age 60 you will receive a cost of living each year up to 5% until you reach a maximum of 25%. No future COL after 25%. C.O.L. Code: 2.

**PAYROLL DEDUCTION**

FEDERAL TAX:      CLAIMING - 0 1 2 3      \$

STATE TAX:      CLAIMING - 0 1 2 3      \$

MEDICAL INS:      YES      NO      TYPE      \$

RETIRED ASSOC:      YES      NO      \$

LOCAL 73:      YES      NO      DENTAL:      \$

F.I.R.E.:      YES      NO      \$

CRED. UN. (MONTHLY):      YES      NO      ACCT#      \$

ELECTRONIC DEPOSIT:      YES      NO      \$

CHILD SUPPORT (QDRO):      YES      NO      \$

**LUMP SUM REFUND**

APPROX. LUMP SUM REFUND:      \$ 125,455.00

TO MEMBER:      YES      NO      ALL/PART      \$

TO CREDIT UNION:      YES      NO      ALL/PART      \$

**SICK LEAVE DISTRIBUTION**

SICK LEAVE BALANCE:      \$

TO DROP ACCOUNT      YES      NO      ALL/PART      \$

Pension benefits are paid at the beginning of the month for that month. Checks are mailed the last working day of the previous month so you receive them on the 1<sup>st</sup> day of the month.

**TOTAL - 1<sup>ST</sup> CHECK**

DAYS IN      \$      ALL OF      \$

TOTAL - 1<sup>ST</sup> CHECK      \$

**THE FIREMEN'S RETIREMENT SYSTEM OF ST. LOUIS**

**LEN WIESEHAN**  
Chairman



**VICKY GRASS**  
Executive Director

**1601 SOUTH BROADWAY  
ST. LOUIS, MO 63104  
PHONE (314)588-2288 FAX (314)588-2289**

**FEDERAL WITHHOLDING TAX REQUIREMENT**

The tax laws of the Internal Revenue Service of the United States of America require that withholding Tax must be withheld from all taxable pensions; Service Retirement Benefits and Widows Benefits, unless the recipient exercises the option in writing not to have the deduction withheld.

This form is required by law and failure to complete this form may impose penalties.

NAME JOHN DOE SS# 555-55-5555

ADDRESS 100 South North Street

CITY/STATE/ZIP St. Louis, MO 55555

           I ELECT TO HAVE \$                            WITHHELD FROM MY PENSION

           I ELECT NOT TO HAVE INCOME TAX WITHHELD FROM MY PENSION

\_\_\_\_\_  
SIGNATURE OF MEMBER

**F.I.R.E.'S  
RETIREMENT SYSTEM WITHHOLDING AUTHORIZATION**

Name JOHN DOE Social Security # 555-55-5555

Address 100 South North Street, St. Louis, MO 55555  
(Street) (City) (State) (Zip)

I, hereby authorize the Retirement System to withhold \_\_\_\_\_ per pay period from my earnings. To be paid to the Fire Fighters Institute for Racial Equality to become effective \_\_\_\_\_ 20\_\_\_\_\_. This agreement shall be in effect until revoked by me in writing.

Date \_\_\_\_\_ Signature \_\_\_\_\_

NAME Doe, John ACCT. NO 80-  
Last First Middle  
Soc Sec No: 555-55-5555

**ST. LOUIS FIREFIGHTERS CREDIT UNION**

TO: CREDIT UNION TREASURER: I have this day authorized the Paymaster of the City of St. Louis to deduct the following from my pay each payroll period.

START  CHANGE  \$  Date \_\_\_\_\_

Signature of Employee \_\_\_\_\_

OFFICE USE ONLY!

<u>01 SH</u>	<u>02 SH</u>	<u>401 Xmas</u>	<u>411 Vac</u>	<u>551 SD</u>
<u>591 SD</u>	<u>851 LN</u>	<u>811 Loan</u>	<u>821 Loan</u>	<u>881 Loan</u>
<u>901 Auto</u>	<u>902 Auto</u>	<u>903 Auto</u>	_____	<u>971 Home EQ</u>

**APPLICATION FOR MEMBERSHIP  
ST. LOUIS ASSOCIATION OF PROFESSIONAL FIREFIGHTERS**

NAME Doe, John

ADDRESS 100 South North Street, St. Louis, MO 55555

BIRTH DATE 12/30/1950 TELEPHONE # \_\_\_\_\_

DATE APPTD TO DEPT \_\_\_\_\_

DATE RETIRED \_\_\_\_\_

DATE JOINED ORG \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

WIFE'S NAME \_\_\_\_\_

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**CHILD SUPPORT ORDERS**

I, JOHN DOE, do hereby agree by my signature below to allow The Firemen's Retirement System to continue to make the child support payments as per the Child Support Order issued by the City of St. Louis.

I understand that these payments will be deducted from my monthly pension check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date