

**NORWALK CITY EMPLOYEES' PENSION FUND  
DECLARATION OF INTENT**

**PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # xxx-xx- \_\_\_\_\_

City Department/Office \_\_\_\_\_ Title \_\_\_\_\_

**I AM INTERESTED IN RETIRING ON :** \_\_\_\_\_  
TENTATIVE DATE

**TYPE OF RETIREMENT (Check One)**

- Regular Retirement – age 62 – a minimum of 5 years of credited service in the Pension Plan.
- Early Retirement – a minimum of 10 years of credited service in the Pension Plan and age 55.
- Disability Retirement – a minimum of 10 years of credited service in the Pension Plan, and the **STANDARD FORM** will be the only Form of Benefit option allowed.
- Deferred Retirement – a minimum of 5 years of service.

**PLEASE CALCULATE THE AMOUNT OF BENEFIT I WOULD RECEIVE IF I ELECTED ONE OF THE FOLLOWING:**

**PLEASE CHECK ONLY THOSE BENEFITS THAT YOU NEED TO KNOW TO MAKE YOUR DECISION.**

**FORM OF BENEFIT**

- STANDARD FORM** – I elect to receive the Standard Form of benefit to which I am entitled without reduction, payable for my lifetime with 60 monthly payments guaranteed.
- OPTION 1** – I elect to receive benefits under Option 1. I understand that the monthly retirement benefit that I would have received had I not made this election will be actuarially reduced and after my death, one-half the benefit I had been receiving will be paid to my designated beneficiary for the remainder of his or her lifetime.
- OPTION 2** – I elect to receive benefits under Option 2. I understand that the monthly retirement benefit that I would have received had I not made this election will be actuarially reduced and after my death, the same benefit I had been receiving will be paid to my designated beneficiary for the remainder of his or her lifetime.
- OPTION 3** – I elect to receive benefits under Option 3. I understand that the monthly benefit I would have received had I not made this election will be actuarially reduced and paid to me during my lifetime with 120 payments guaranteed. If I die before receiving 120 payments my designated beneficiary will receive any remaining guaranteed payments.

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**MILITARY SERVICE**

You may be eligible for service credit for periods you served in the armed forces of the United States. List any of these periods below and attach proof of your service.

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

**DESIGNATION OF PRIMARY BENEFICIARY**

I hereby designate \_\_\_\_\_, Social Security # \_\_\_\_\_

who resides at \_\_\_\_\_ and whose date of birth

is \_\_\_\_\_ as my primary beneficiary to receive any benefits payable upon

my death from the City of Norwalk Employees Pension Fund revoking any prior designations which I have made.

Relationship \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

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The Rules and Regulations of the Norwalk City Employees' Pension Plan provides at Section 5.4 as follows: **APPEALS** – A member or Designated Beneficiary dissatisfied with a decision of the Pension Board with respect to his or her application may, within 60 days, appeal such decision in writing or request a hearing in person. The decision of the Pension Board on such appeals shall be final.