



ADMINISTRATOR
Robert H. Nagle

**ASSISTANT
ADMINISTRATOR**
Dania L. Orta

TRUSTEES
Clarence Dickson
Jesse Diner
Monica Fernandez
Raul Fernandez
Tom Gabriel
Rolando Gutierrez
Joseph Kaplan
Annette Rotolo
Gerald Teitelbaum

ACCUMULATED LEAVE BALANCE TRANSFER OPTION

In accordance with the provisions of the law and agreements governing the operation of the City of Miami Fire Fighters' and Police Officers' Retirement Trust Fund, I, _____, Social Security _____, take the below specified **irrevocable**, voluntary option in connection with the balances of my accumulated leave time.

Vacation Time Balance (includes 25 Years of Service Bonus)

Transfer to FIPO (please circle one) Yes No

Earned Time Balance

Transfer to FIPO (please circle one) Yes No

SIGNATURE

DATE

PLEASE NOTE THIS FORM MUST BE SUBMITTED CALENDAR YEAR PRIOR TO CEASING EMPLOYMENT

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.