TO:        FIREIGHTERS’ PENSION TRUSTEES  
FROM: LIZ WILLIS  
DATE: SEPTEMBER 7, 2018  
SUBJECT: RETIREMENT APPLICATIONS  

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF RETIREMENT</th>
<th>CREDITED SERVICE</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID LAROCHELLE</td>
<td>10-01-2018</td>
<td>17 YEARS, 8 MONTHS</td>
<td>50</td>
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</tbody>
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APPLICATION FOR RETIREMENT
(GENERAL - POLICE - FIRE)

Please complete and sign this form and submit it to the Human Resources Department at least three (3) months prior to your anticipated retirement date. A signed retirement/resignation letter indicating your anticipated resignation/retirement date must be attached to this application before it will be processed.

NAME:  David B. Larochelle

SOCIAL SECURITY NUMBER: _______________ DATE OF BIRTH: __2__1__6__8__

DATE OF EMPLOYMENT: __1__/__1__6__2__0__0__1__ TERMINATION DATE: __September 3, 2018__

I hereby make application for (circle one): Voluntary Deferred Early Disability/Death(polic fire)
as provided by the City of Naples General/Police Officers/Fire Retirement System. I desire my retirement to be effective the FIRST DAY OF October 20__1__8__.

The following information is furnished for the purpose of estimating my monthly pension amount:

PRIMARY BENEFICIARY

Name of Beneficiary*:  Jacob

Address of Beneficiary:

Date of Birth (month/day/year): ___________ S.S. #

Relationship ________________________________

*If you name someone other than your spouse, and if that person has an insurable interest in your life (i.e. parent, sibling, etc.) your spouse's signature is required on the back of this form and must be notarized.

CONTINGENT BENEFICIARY

Name of Beneficiary*:  Linda

Address of Beneficiary: ____________________________

Date of Birth (month/day/year): ___________ S. #

Relationship ________________________________

EMPLOYEE SIGNATURE: ____________________________ DATE: September 5, 2018

(FOR BOARD USE ONLY)

DATE RECEIVED - HR ____________________________ BY: ____________________________

DATE FORWARDED TO FINANCE ____________________________ BY: ____________________________

DATE APPROVED ____________________________ BY: ____________________________

FINAL AVERAGE COMPENSATION ____________________________ YRS CREDITED SERVICE: ___________