

Florida Retirement System Pension Plan
Application for Service Retirement



P O Box 9000
Tallahassee FL 32315-9000
850 488-6491 Toll Free 888 738-2252

Member Name	<u>Bradley DeLeon Cooner</u>	Member SSN	_____
Position Title	<u>Supervisor</u>	Birthdate	<u>09/16/1959</u>
Home Phone	<u>(239) 731-0465</u>	Work Phone	_____
Home Mailing Address	<u>coonerbb@msn.com</u> <u>bdcooner@gmail.com</u> <u>11610 Tundra Drive</u> <u>N Fort Myers, FL 33917</u>	Present FRS Employer(s)	<u>Lee County BOCC</u>

My services terminated, or will terminate, on 11-23-2009. Your retirement date is determined by the Division of Retirement.

Beneficiary Designation: All previous beneficiary designations are null and void unless you are applying for a second career retirement benefit. In the case of a second career benefit, this application does not affect your original benefit in any way. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

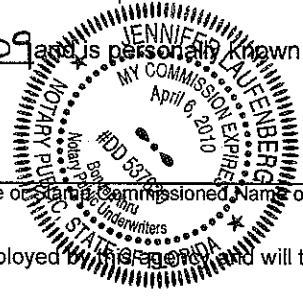
Primary	<u>Brenda Lee Cooner</u>	Primary SSN	_____
Relationship	<u>Wife</u>	Primary Birthdate	<u>11/10/1960</u>
Contingent	<u>Matthew Kyle Cooner</u>	Contingent SSN	_____
Relationship	<u>Son</u>	Contingent Birthdate	<u>01/04/1993</u>

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I cannot add service, change options, change my type of retirement (Regular, Disability, and Early) or elect the Investment Plan once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited.

Member Signature: (sign in the presence of a Notary) [Signature]

Notary: State of Florida, County of Lee The above named person has sworn to and subscribed before me this 12th day of Nov. 20 09 and is personally known _____ or produced FL DL as identification.

[Signature]
Signature of Notary Public- State of Florida



Print, Type or Stamp the Commissioned Name of Notary Public

Employer Certification: This is to certify that the above named member was employed by _____ and will terminate, or has terminated, on 11/23/2009 with the last day worked on 11/23/2009.

Authorized Personnel Signature: [Signature] Agency Number: 46003
Agency Phone: (239) 533-2004 Date: 11/12/2009