CITY OF MADISON HEIGHTS
POLICE AND FIRE RETIREMENT SYSTEM

APPLICATION FOR SERVICE RETIREMENT BENEFITS OR VESTED BENEFITS

To: Board of Trustees of the City of Madison Heights Police and Fire Retirement System
Department Head
Human Resources
Finance

Member's Name: ROBERT S BACKLUND Social Security #: [redacted]

Member's Date of Birth: 10/18/73 Department: POLICE

Address: 1020 MEADOW LAKE LANE, ORTONVILLE MI 48462

Telephone: (248) 941-4281

Name of Spouse (if any): RENEE II. BACKLUND Spouse's Social Security #: 371-06-3832

Spouse's Date of Birth: 10/27/78 Date of Marriage: 5/21/05

Evidence Submitted for Marriage: MARRIAGE CERTIFICATE

If previously married, please provide copy of any domestic relations orders/judgment of divorce, etc.

My last day of employment was or will be 10/20/22.

I am hereby making an application for benefits: X Service Retirement ___ Deferred Vested

I request that my retirement become effective on month 10, day 20, year 2022.

I am covered by the following collective bargaining agreement (if any): MHCOA.

If I elect an optional form of retirement, my option beneficiary will be:

RENEE II BACKLUND — Name of beneficiary
WIFE — Relationship

Date of Birth: 10/27/78 Social Security #: 371-06-3832
Please submit Evidence for Date of Birth.

Please provide me with a retirement estimate/calculation/option sheet. Upon receipt, I will indicate the manner in which I wish to receive my retirement allowance.

Member Signature — Date: 4/13/22

FOR RETIREMENT SYSTEM USE ONLY

Date of Hire: 10/20/1997 Years of Service: 25
Date Received: 8/18/2022 By: MGK