

BOYNTON BEACH GENERAL PENSION FUND

C/O THE RESOURCE CENTER, LLC
4360 Northlake Boulevard Suite 206
Palm Beach Gardens, FL 33410
(561) 624-3277 FAX (561) 624-3278
Toll Free (800) 206-0116

Application for Retirement Benefits (Leaving DROP)

I hereby apply to leave the DROP and start receiving my monthly benefit payment which I'm entitled under the provisions of the City of Boynton Beach General Employees' Pension Fund. I will be leaving the DROP effective _____. My first benefit payment is effective_____.

X _____
(Participant's Signature)

(Print Name)

SS# _____

Date _____