

**CITY OF COCOA FIREFIGHTERS' RETIREMENT PLAN**  
**DROP INVESTMENT ELECTION OF EARNINGS METHOD**

**PLEASE PRINT OR TYPE:**

1.     a.     Name of Participant: \_\_\_\_\_
- b.     Date of Birth:       \_\_\_\_\_
- c.     Telephone Number: (     ) \_\_\_\_\_
- d.     E-mail address: \_\_\_\_\_

2.     Investment Election

**Please indicate your initial investment election below for your DROP Account:**

- \_\_\_\_\_ a. I choose to have the money that is credited to my DROP account earn the net quarterly investment return of the Fund.
- \_\_\_\_\_ b. I choose to have the money that is credited to my DROP account earn a net quarterly investment return between 4% and 6.5% annual equivalent.

**PRIOR TO COMPLETING THIS FORM IT IS STRONGLY RECOMMENDED THAT YOU CONSULT WITH TAX PLANNER CONSULTANT REGARDING YOUR EARNINGS METHOD ELECTION.**

ALL FUNDS PAID INTO AND EARNED BY MY DROP ACCOUNT ARE SUBJECT TO MARKET AND INVESTMENT RISK. PAST INVESTMENT PERFORMANCE OF THE PENSION FUND'S INVESTMENTS AND THE FIXED INCOME PORTFOLIO IS NO INDICATION OR GUARANTEE OF FUTURE INVESTMENT PERFORMANCE. BY SIGNING THIS FORM, I AGREE THAT I WILL NOT MAKE ANY LEGAL CLAIM OF ANY KIND AGAINST THE PENSION FUND, ITS STAFF AND ADVISORS, AND THE EMPLOYER SHOULD MY PARTICIPATION IN THIS PROGRAM RESULT IN LOSSES IN MY DROP ACCOUNT OR UNEXPECTED TAX LIABILITY TO ME, INCLUDING INTEREST AND PENALTIES.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. This Application form is a supplement to my prior Application (if any) and supersedes it where conflicts exist. Additionally, I certify that I am electing the earnings method marked above. This election revokes any prior elections I have made.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission Expires:

My Commission Number Is: