

**CITY OF FORT MYERS  
GENERAL EMPLOYEES' PENSION PLAN**

**RETURN OF CONTRIBUTIONS TO VESTED MEMBER  
AND WAIVER OF RIGHTS AND BENEFITS**

I, \_\_\_\_\_, the undersigned member of the City of Fort Myers General Employees' Pension Plan, hereby request return of my accumulated employee contributions in the amount of \$ \_\_\_\_\_. I understand that I am fully vested in the pension system. This means that I would be entitled to benefits from the system as provided for in the Pension Plan documents if I were not withdrawing my accumulated employee contributions.

I understand that by accepting a return of my accumulated employee contributions, I waive, release and relinquish all my rights and benefits under the City of Fort Myers General Employees' Pension Plan. I also understand that if I return to service with the City after accepting a return of my accumulated employee contributions, I may be forever barred from restoring periods of prior credited service that I may otherwise be entitled to if I were not withdrawing my accumulated employee contributions, except to the extent provided for in the Plan which is in effect at the time of my re-employment.

I have had a full and complete opportunity to consider the consequences of this return of accumulated employee contributions and waiver of rights and benefits. I make this decision freely and voluntarily. I hereby waive, release and relinquish forever all rights, benefits, claims and causes of action of every kind and description from the City of Fort Myers General Employees' Pension Plan; its Board of Trustees; agents; servants and employees, except for the return of my accumulated employee contributions.

I further certify that I am over the age of 18 years and otherwise competent to enter into binding agreements and that I have received the Special Tax Notice Regarding Plan Payments.

\_\_\_\_\_  
Member's Signature

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

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name typed, printed or stamped

My Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_.

**THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE YOU SIGN, BE SURE YOU UNDERSTAND YOUR RIGHTS!**