

<p align="center">FT. PIERCE POLICE OFFICERS' RETIREMENT TRUST FUND APPLICATION FOR PENSION BENEFITS</p>
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PLEASE PRINT OR TYPE:

1. a. Name of Employee: _____
- b. Social Security Number: _____
* In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.
- c. Date of Birth: _____ (Attach birth certificate or other proof)
- d. Home Telephone Number: () _____
- e. Home Address: _____

- f. Permanent address to which check and correspondence should be sent:
(It is important to keep your address and phone number updated - please notify us of any changes)

2. a. Are you currently married? Yes _____ No _____
- If yes, please complete the following:
- b. Name of Spouse: _____
- c. Spouse's Social Security Number: _____
* In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.
- d. Spouse's Date of Birth: _____ (Attach birth certificate or other proof)
- e. Date of Marriage: _____

3. Names and Dates of Birth of Child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional page, if needed)

4. Names of Your Living Parents:

a. Mother: _____

b. Father: _____

5. a. Date of hire by Fort Pierce as Police Officer: _____

b. Current Position in the Police Department: _____

6. I plan to retire on: _____

7. Type of retirement for which you are applying:

_____ Normal Retirement

_____ Deferred Retirement Option Plan. Please be advised that the guarantee of ten (10) years retirement annuity payments commences upon the retiree's entrance into DROP.

_____ Early Retirement

_____ Line-of-Duty Disability

_____ Non-Line-of-Duty Disability

8. If you are applying for a disability retirement, please complete the following:

a. Date disability commenced: _____

b. Nature and cause of disability: _____

c. Did your disability result from any of the following:

	<u>Yes</u>	<u>No</u>
(1) Use of drugs, intoxicants or narcotics?	_____	_____
(2) Due to a fight, riot, civil insurrection or crime?	_____	_____
(3) From an injury or disease sustained while you were serving in any armed forces?	_____	_____
(4) After your employment with the City terminated?	_____	_____
(5) While working for anyone other than the City and arising out of such employment?	_____	_____
d. A copy of my doctor's medical opinion is attached:	_____	_____

NOTE: If you are applying for a disability benefit, records must be filed to show that the disability is total and permanent. If application is made for a line-of-duty disability, copies of workers' compensation records must also be filed to show that the disability occurred in the line-of-duty. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board.

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.

FOR DISABILITY APPLICATIONS ONLY:

I hereby authorize the release of any and all medical records including but not limited to the complete history records in possession of all doctors listed below concerning my illness and/or treatment. A copy of this document will be treated in the same manner and have the same effect as an original.

I hereby waive my right of confidentiality of my medical records and other medical evidence in order that my application for disability benefits may be properly processed. I understand that in so doing, such records will be discussed during one or more public meetings and will become public record. I understand that the Board(s) will rely upon this waiver and that I will not be able to withdraw same at a later date.

I agree to cooperate fully with the Board of Trustees of the Ft. Pierce Police Officers' Retirement Trust Fund in making available to the Board, or authorized agents of the Board, information which reasonably relates to the initial payment of or continuing eligibility for payment of benefits from the Fund.

I hereby agree to indemnify and hold harmless the City of Ft. Pierce and the Pension Fund and against any and all claims, demands, or causes of action of any kind or nature resulting from or in connection with the City of Ft. Pierce's release of the results of the undersigned's annual physical to the Pension Plan and from and against any resulting losses, costs, expenses, reasonable attorneys' fees, liabilities, damages, orders, judgments, or decrees in connection therewith.

THIS SPACE INTENTIONALLY LEFT BLANK

I have reviewed the **Designation of Beneficiary Form** filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this Application.

This Application revokes any prior Applications.

PARTICIPANT'S SIGNATURE

DATE

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me, this _____ day of

_____, 20__ by _____, who is

_____ Personally known

_____ **OR** Who Produced Identification

Type of Identification Produced: _____

Notary Signature

Print, type or stamp name of Notary below in addition to seal:

NOTARY SEAL]

BSJ/pah
March 17, 2014

H:\Ft Pierce Pol 1155\FORMS\2014) PENSION APPLICATION.wpd

FT. PIERCE POLICE OFFICERS' RETIREMENT TRUST FUND

DEFERRED RETIREMENT OPTION PLAN

I have received a copy of the provisions of the DROP contained in the Pension Plan at §13-177. It has been explained to me and I am in full agreement with the terms set forth. It is my understanding that in return for the DROP benefit received, I will no longer have to contribute seven percent (7.0%) of my salary for employee contributions to the pension plan. I have also been advised to seek the counsel of a qualified tax advisor regarding the tax consequences to me of entering the DROP. I fully understand that the maximum period of participation in the DROP is five (5) years or attainment of thirty (30) years of total service. Failure to retire at the end of the participation period could result in financial penalties being assessed up to and including the loss of the DROP account balances. If my participation in the Retirement and Benefits Fund ends before I have participated for five (5) years in this DROP, I understand that I must leave this DROP at the end of my Retirement and Benefits DROP participation.

I, _____, respectfully submit to enter the DROP effective _____ (date). I understand that the latest date that I may participate in the DROP is _____ (date – earlier of 5 years from entry or end of Retirement and Benefits participation). If I do not retire at that time, I will not be entitled to the DROP benefits.

NOTICE: It is a first degree misdemeanor to make a false or misleading statements to obtain retirement benefits. In addition to any applicable criminal penalty, upon conviction a participant or beneficiary of this plan may, in the discretion of the board of trustees, be required to forfeit the right to receive any or all benefits to which the person would otherwise be entitled under this plan.

SIGNATURE

(DATE OF END OF PARTICIPATION)

PENSION ADMINISTRATOR

STATE OF FLORIDA)
) ss.
COUNTY OF PALM BEACH)

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 _____,
_____.

Signature, Notary Public

Print, type or stamp name of Notary below in addition to seal

**FT. PIERCE POLICE OFFICERS' RETIREMENT TRUST FUND
STATEMENT OF CONSULTATION WITH TAX ADVISORS**

Name: _____

Social Security Number: _____

_____ 1. I hereby state that I have discussed my election of an earnings method for the DROP with an advisor of my own choosing as follows:

Name of Advisor

Company

_____ 2. I have chosen **not** to consult with a tax advisor.

Signature of Member

Date

**STATE OF FLORIDA
COUNTY OF _____**

Sworn to (or affirmed) and subscribed before me this ____ day of _____,
20____ by _____ who produced _____
as identification, or who is personally known to me.

Signature, Notary Public

Type, print or stamp name of Notary in addition to Notary Seal in accordance with §117.05(3)(a), Florida Statutes.

Printed, typed or stamped name of Notary

**FT. PIERCE POLICE OFFICERS' RETIREMENT TRUST FUND
DROP EARNINGS METHOD ELECTION**

PLEASE PRINT OR TYPE:

1) Name: _____, _____, _____
(Last) (First) (Middle)

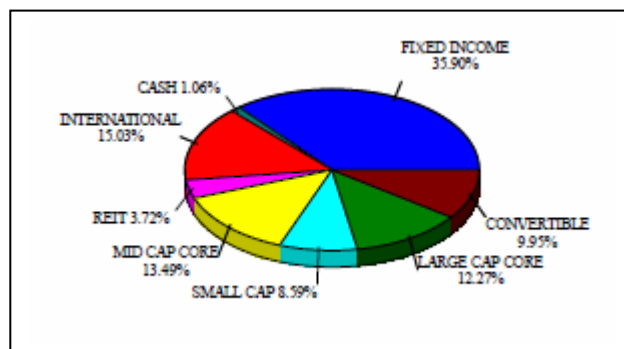
Select from below an election of an earnings method for your DROP Account:

1. Variable rate of return based on the Pension Plan's investment returns:
Initial here if you choose _____

The Pension Plan is invested in a very diversified portfolio of domestic and international stocks and bonds. The investment portfolio is subject to fluctuations in the market including losses. Below is a representation of the investment earnings (and losses) of the Plan over the past five fiscal years:

<u>Year</u>	<u>Investment Gain/Loss</u>	<u>Year</u>	<u>Investment Gain/Loss</u>	<u>Year</u>	<u>Investment Gain/Loss</u>
2013	+10.9%	2010	+8.5%	2007	+11.8%
2012	+15.5%	2009	+3.1%	2006	+ 7.5%
2011	-0.6%	2008	-11.1%		

The asset allocation of the portfolio as of 9/30/2013 is as follows:



It is important to realize that your DROP account may lose value under this method. Your DROP payout could be less than the amount deposited.

2. Rate of return paid earned by Vanguard Prime Money Market Fund (VMMXX):

Initial here if you choose: _____

The Plan offers a low-risk alternative to the above option, the Vanguard Prime Money Market Fund. This Vanguard money market option is invested among government and corporate short-term instruments. It provides a stable option that earns interest and has relatively little volatility.

Below is a representation of the investment earnings of this fund over the past five years (as of March 14, 2014):

Past Year	0.02%
Past Three Years	0.03%
Past Five Years	0.08%

These are annualized or average annual returns. This is the most conservative earnings method. It has the least risk of investment losses, however, it is important to realize that your DROP account may still lose value under this method.

If a member chooses the Vanguard Investment it can take up to sixty (60) days for the investment to be made. During this interim period, the DROP funds will be kept in cash and be credited with the crediting rate of the Fund's cash.

Members may elect to change their investment choice twice per calendar year. The new investment election is prospective only; balances and new deposits will be credited with earnings or losses in the new investment for future time periods only. This earnings election form must be provided to the Plan Administrator no less than 30 days before the end of the quarter to take effect for the following quarter. Quarters end on the dates of March 31, June 30, September 30, and December 31.

Your earnings election will remain in effect until changed by you.

I have selected the following earnings election method by checking my choice below and placing my initials by the same choice on page one:

_____ **Variable rate of return based on the Pension Plan's investment returns**

_____ **Invest in the Vanguard Prime Money Market Fund**

ALL FUNDS PAID INTO AND EARNED BY MY DROP ACCOUNT ARE SUBJECT TO MARKET AND INVESTMENT RISK. PAST INVESTMENT PERFORMANCE OF THE RETIREMENT SYSTEM'S INVESTMENTS AND THE MONEY MARKET FUND IS NO INDICATION OR GUARANTEE OF FUTURE INVESTMENT PERFORMANCE.

BENEFIT AMOUNTS ARE NOT GUARANTEED. NO RATE OF RETURN IN DROP ASSETS IS GUARANTEED AND BY THEIR PARTICIPATION MEMBERS CONSENT TO THE TERMS OF THE DROP AND DISCHARGE THE CITY AND THE BOARD FROM ANY AND ALL LIABILITY EXCEPT AS SPECIFICALLY PROVIDED FOR IN THE DROP.

The direct costs of administering the DROP are shared between the DROP Participants and the Plan. DROP Participants' share of \$20 monthly will be deducted from their DROP accounts on a quarterly basis.

Signature (Requires Notarization below) 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 _____, ____.

Notary Public

My Commission Expires:

My Commission Number Is:

Return to: Ft. Pierce Police Pension Fund, 4360 Northlake Boulevard, Suite 206, Palm Beach Gardens, FL 33410