CITY OF GULFPORT
MUNICIPAL POLICE OFFICERS' TRUST FUND

CERTIFICATION OF RECEIPT

I, _____, hereby make application under the provisions of the City of Gulfport Municipal Police Officers' Trust Fund, for a lump sum distribution of my pension contributions.

I hereby acknowledge that I have received the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and the LUMP SUM DISTRIBUTION ELECTION FORM on this _____day of _____ _____, 20__.

The SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS gives information regarding my options for a lump sum distribution from the Pension Plan.

I understand that in accordance with Federal law, my lump sum distribution may not be distributed more than 180 days after receipt of the notice. I further have been informed and understand that I have at least 30 days to consider the options set forth in the above described Special Tax Notice, but that I may waive the 30 day period if I feel I have had the opportunity to make an informed decision.

_____ _____
Signature Date

Address:_____

_____

IT IS RECOMMENDED THAT YOU CONSULT YOUR TAX ADVISOR CONCERNING THIS MATTER.

NO DISTRIBUTION WILL BE MADE UNTIL THIS FORM AND THE LUMP SUM DISTRIBUTION ELECTION FORM ARE RECEIVED BY THE BOARD OF TRUSTEES AT:

City of Gulfport Municipal Police Officers' Trust Fund
c/o Pension Resource Center
4360 Northlake Blvd., Suite 206
Palm Beach Gardens, FL 33410