

**LAKE WORTH FIREFIGHTERS' PENSION TRUST FUND**  
**APPLICATION TO ELECT DROP EARNINGS METHOD**

**PLEASE PRINT OR TYPE:**

1.      a.      Name of Participant: \_\_\_\_\_
- b.      Date of Birth: \_\_\_\_\_      c. Telephone Number: (\_\_\_\_) \_\_\_\_\_
- d.      Home Address: \_\_\_\_\_
- e.      Email Address: \_\_\_\_\_

- **I UNDERSTAND THAT IF I DO NOT COMPLETE AND SUBMIT THIS FORM BY THE DUE DATE (POSTMARKED BY OCTOBER 15, 2024) MY CURRENT INTEREST ELECTION WILL NOT CHANGE FOR THE PERIOD OF OCTOBER 1, 2024-SEPTEMBER 30, 2025.**
- **I WILL NOT BE ABLE TO CHANGE MY EARNING ELECTION UNTIL AN OPEN ELECTION PERIOD.**
- **THE OPEN ELECTION PERIOD IS EACH OCTOBER 1.**
- **FOR ANY CHANGE EFFECTIVE ANY OCTOBER 1, THIS COMPLETED FORM MUST BE POSTMARKED BY SEPTEMBER 30 OF THAT YEAR. DUE DATE FOR THIS YEAR HAS BEEN EXTENDED TO OCTOBER 15, 2024.**

2.      Earnings Method Election for DROP Account (EFFECTIVE OCTOBER 1, 2024):

To elect the earnings method, please initial the line next to your selection.

- \_\_\_\_\_ Variable based on Fund returns (gains and losses)
- \_\_\_\_\_ Variable based on Fund returns (subject to 0% floor and an 8% cap)
- \_\_\_\_\_ Fixed rate of 3.5%

**PRIOR TO COMPLETING THIS FORM IT IS STRONGLY RECOMMENDED THAT YOU CONSULT WITH A TAX PLANNER CONSULTANT REGARDING YOUR 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 IS NO INDICATION OR GUARANTEE OF FUTURE INVESTMENT PERFORMANCE. I AGREE THAT I WILL NOT MAKE ANY LEGAL CLAIM OF ANY KIND AGAINST THE PENSION FUND, ITS STAFF AND ADVISORS, AND THE EMPLOYER IF MY PARTICIPATION IN THIS PROGRAM RESULTS IN LOSSES IN MY ACCOUNT OR UNEXPECTED TAX LIABILITY TO ME, INCLUDING INTEREST AND PENALTIES.

I hereby certify that I am electing the earnings method marked above. This Application form is a supplement to any prior Application and supersedes it where conflicts exist. This election revokes any prior elections I have made.

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

\_\_\_\_\_  
DATE

STATE OF FLORIDA

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 Florida  
At Large

My Commission Expires:

My Commission Number Is:

PLEASE RETURN TO:

LAKE WORTH FIREFIGHTERS' PENSION TRUST FUND  
C/O PENSION RESOURCE CENTER  
4360 NORTH LAKE BOULEVARD, SUITE 206  
PALM BEACH GARDENS, FL 33410