

**LAKE WORTH POLICE OFFICERS' PENSION FUND**

C/O THE RESOURCE CENTER, LLC  
4360 Northlake Boulevard Suite 206  
Palm Beach Gardens, FL 33410  
(561) 624-3277 FAX (561) 624-3278  
Toll Free (800) 206-0116

**Application for Retirement Benefits (Leaving DROP)**

I hereby apply to leave the DROP and start receiving my monthly benefit payment which I'm entitled under the provisions of the Lake Worth Police Officers' Pension Fund. I will be leaving the DROP effective \_\_\_\_\_. My first benefit payment is effective\_\_\_\_\_.

**Members must take a full distribution of the DROP Account balances within 90 days following termination from employment.**

X \_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Print Name)

SS# \_\_\_\_\_

Date \_\_\_\_\_