

PLEASE PRINT OR TYPE

1. I hereby elect not to receive my shares of the Chapter 185 distributions per Lake Worth City Code §16-180, but will instead enroll in the Florida Retirement System.
2. I understand that from this point forward I will not be able to receive any further credits of 185 money from the Lake Worth Police Relief and Pension Fund Division 2. No benefit will be allowed to be withdrawn from the pension plan during my employment with the City. My individual account will however, continue to be credited with earnings and/or losses.
3. I further understand that this election is irrevocable and the Florida Retirement System will be notified of my election to withdraw from this Plan and become a member of the Florida Retirement System through the Palm Beach County Sheriff's Office.
4. I agree that the benefits of the Lake Worth Police Relief and Pension Fund Division 2 have been explained to me and I understand the impact on my individual benefit of choosing the Florida Retirement System and opting out of the Lake Worth Police Relief and Pension Fund Division 2.
5. STATEMENT OF CONSULTATION WITH TAX ADVISOR

☐ I hereby state that I **have discussed** my election not to receive my shares of the Chapter 185 distributions per Lake Worth City Code §16-180 with the following Tax Advisor of my own choosing.

Name of Company

☐ I have chosen not to consult with a Tax Advisor.

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## ACKNOWLEDGMENTS

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. This Application revokes any prior applications.

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(y)(ies), I will file a new Designation of Beneficiary Form with this Application.

In accordance with Fla. Stat. §185.185, 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 Chapter 185, Florida Statutes benefits to which the person would otherwise be entitled under this plan.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed name of Participant

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

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

*In accordance with the provisions of Florida Statutes,  
§117.04(4)(I), Notary name must printed, typed or stamped  
below Notary's signature; seal must be stamped next to  
signature or below printed name:*

\_\_\_\_\_  
Printed, typed or stamped name of Notary

\_\_\_\_\_ Personally known

\_\_\_\_\_ OR Produced identification

Type of identification produced: \_\_\_\_\_