

**CITY OF MARCO ISLAND FIREFIGHTERS' PENSION  
FUND**

**RETURN OF CONTRIBUTIONS REQUEST AND WAIVER OF  
RIGHTS**

I, \_\_\_\_\_, an employee of the City of Marco Island, and a member of the City of Marco Island Firefighters' Pension Fund, have terminated my employment with the City. I am requesting a return of my contributions from the City of Marco Island Firefighters' Pension Fund. I understand that I will be receiving interest on the amount of employee contributions being returned as set forth by the Board.

I understand that I may be vested in the Plan and that means that I may receive a monthly pension benefit for the rest of my life commencing at normal retirement age. Instead of waiting for that benefit, I am requesting that my contributions be given back to me now. I understand that my contributions may not be worth as much money as the lifetime benefit would be. I also understand that by accepting these contributions that I am giving up forever all rights to a monthly pension from the City of Marco Island Firefighters' Pension Fund.

I acknowledge that all my rights have been fully explained to me and I make my choice to give up any other rights and receive my contributions freely and voluntarily and with full understanding as to the consequences of that decision. I also understand that this decision, once made, is permanent and cannot be changed.

I have had ample opportunity to consult with legal and financial advisors and I am still choosing this option.

\_\_\_\_\_  
STATE OF

FLORIDA

COUNTY OF

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

By \_\_\_\_\_, who is personally known to me or who has produced

\_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Name

Notary

Public

My Commission Expires: \_\_\_\_\_

Commission No: \_\_\_\_\_