

THE MIAMI BEACH FIREMEN'S RELIEF & PENSION FUND
APPLICATION FOR PARTICIPANTS' SEPARATION BENEFITS

TO THE BOARD OF TRUSTEES OF THE MIAMI BEACH FIREMEN'S RELIEF AND
PENSION FUND: Mail to: Andrew McGarrell for MBFD 175 Fund, Pension Investors
Corp, 3939 Hollywood Blvd, Suite 1A, Hollywood, Florida 33021

I, _____, the undersigned, hereby apply this _____ day of _____, 20____, for the "Separation Benefits" to which I am entitled under the provisions of Section 115, Article 17, Related Laws of the Miami Beach City Code, I hereby certify that I am not resigning or retiring while under criminal investigation (s), or other circumstances that may jeopardize my eligibility in the "Miami Beach Firemen's Relief & Pension Fund."

I certify that my employment in the Fire Department of the City of Miami Beach was commenced on the _____ day of _____, _____, at which time my Civil Service Classification was _____ and was terminated this _____ day of _____, 20 _____.

I understand that the amount I am entitled to is the amount on the yearly statement immediately prior to the effective date of my separation, plus monies accrued that have not yet been distributed by the State of Florida Insurance Department. I understand that any money left in the fund will be invested like the remainder of the fund, and will earn or lose as investment returns dictate. I also understand that for Administrative reasons the fund may retain and not distribute up to \$ 99.99 of any residual money otherwise subject to distribution.

I hereby certify that the foregoing information is true and correct, and that the same is submitted for the purpose of procuring payment for benefits due the named participant from the Miami Beach Firemen's Relief and Pension Fund, and that any information falsely given or purposely withheld will prejudice the receipt of the Participant's benefit and subject the maker thereof to prosecution. * **By affixing my signature to this application and accepting the amount due me, I understand that I shall receive no further contributions under the Miami Beach Firemen's Relief & Pension Fund, beyond the date of separation, except those monies that may otherwise become available to me, as hereafter be provided by law.** I understand that all prior service to the City of Miami Beach is cancelled insofar as it affects the Miami Beach Firemen's Relief & Pension Fund, and that such prior service cannot be reinstated at any time. I understand that, in the event of subsequent re-employment by the City of Miami Beach and permanently appointed in the Fire Department and properly qualified, I shall become a participant in the Miami Beach Firemen's Relief & Pension Fund with the same status as any new employee with no credit for service prior to the date of such re-employment. I have reviewed my Beneficiary Form and certify it as correct.

Election of Benefits:

- _____ (A) Paid in full (lump sum payment), commencing upon eligibility for payment
- _____ (B) Five (5) substantially equal annual payments, commencing upon eligibility for payment
- _____ (C) Four (4) substantially equal annual payments, commencing one (1) year after eligibility for payment
- _____ (D) A direct rollover of my entire Vested Account Balance to the IRA listed below:

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Checks will be mailed after Board's approval. Mail my benefit check to the below address:

RECEIPT OF CHECK (s)

Signature of Applicant_____

Notify at this address and mail direct to:

 (Initials)

Contact email address

Contact phone number(s)_____