VILLAGE OF NORTH PALM BEACH FIRE AND POLICE PENSION FUND

APPLICATION FOR BUY BACK OF SERVICE

PLEASE PRINT OR TYPE:

1.   a.   Name of Employee: _____
                                                 (Last)   (First)   (Middle)

        b.   Social Security Number: _____

        c.   Date of Birth: _____
                                      (Month - Day - Year)

        d.   Home Telephone Number: (_____)_____
                                             Area Code

                    Other Contact Number: (_____)_____
                                             Area Code

        e.   Home Address: _____
                                    (Street)

                                   _____
                                   (City)   (State)   (Zip Code)

2.   a.   Date of Hire by the Village as a Firefighter, Police Officer or Public Safety Officer:

                _____
                (Month-Day-Year)

        b.   Position in the Department: _____

3.   a.   I would like to purchase Firefighter, Police Officer or Public Safety Officer

            service time from the Village of North Palm Beach

            from _____ to _____.
                   (Month-Day-Year)   (Month-Day-Year)

        or

b.   I would like to purchase Firefighter, Police Officer or Public Safety Officer

service time from the _____

(a governmental entity rendering Police service)

from _____ to _____.
     (Month-Day-Year)   (Month-Day-Year)

This service is not the is not the basis for a pension nor will it be the basis for a pension.

Address and contact information:
(You must provide detailed contact information or form will be returned to you)

_____

_____

_____

or

c.   I would like to purchase United States Military service time from

_____ to _____. **(Attach a copy of Form DD214)**
     (Month-Day-Year)   (Month-Day-Year)

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.

Please complete this form and sign it in the presence of a

Notary Public.

_____   _____
EMPLOYEE'S SIGNATURE   DATE

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me this ___ day of _____,

20___, by _____, who is personally known to

me or who produced the following identification: _____.

_____
Notary Public

_____
Print, type or stamp name of Notary

[NOTARY SEAL]

NOTE: Pension contributions (including buy back payments) may be refunded to any person who stops work for the Village as a Firefighter, Police Officer or Public Safety Officer with less than ten (10) years of service.