

PLEASE PRINT OR TYPE:

- I understand that if I make no election of earning method, my current earnings method will be used.**

- Fixed rate of 6.50%

This Application form is a supplement to my prior Application (if any) and supersedes it where conflicts exist. Additionally, I certify that I am electing the earnings method marked above. This election revokes any prior elections I have made.

MEMBER'S SIGNATURE

DATE

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared,
_____ who is personally known to me or who
has produced _____ as identification and who did take an oath, and
after being duly cautioned and sworn, deposes and says that he/she has signed the
foregoing document for the reasons therein contained.

Sworn to (or Affirmed) and Subscribed before me this the _____ day of
_____, 20____.

Notary Public, State of Florida At Large
Type, print or stamp name of Notary:

Commission Expires: _____