PALM BEACH GARDENS POLICE PENSION FUND APPLICATION TO ELECT DROP EARNINGS METHOD

PLEASE PRINT OR TYPE:

۱.	a.	Name of Participant:
	b.	Social Security Number:
	C.	Date of Birth:
	d.	Home Telephone Number: ()
	e.	Home Address:

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

2. <u>Earnings Method Election</u>:

____ Variable based on Fund returns (gains and losses)

_____Fixed rate of 6.50%

Note: The DROP accounts are charged an annual pro-rata administrative charge based upon the administrative expenses of the pension fund as a whole.

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.

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(ies), I will file a new Designation of Beneficiary Form.

I have been advised to speak with a tax consultant regarding my earnings method election.

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: