

VILLAGE OF TEQUESTA PUBLIC SAFETY OFFICERS PENSION PLAN

RETURN OF CONTRIBUTIONS REQUEST AND WAIVER OF RIGHTS

I, _____, a former employee of the Village of Tequesta, and a member of the Village of Tequesta Public Safety Officers' Pension Plan, have terminated my employment with the Village. I am requesting a return of my contributions from the Village of Tequesta Public Safety Officers' Pension Plan. I understand that I will not receive any employer contributions on my behalf, but that I'm entitled to receive my contributions as set forth in the Village's Code.

I understand that if I am vested in the Village of Tequesta Public Safety Officers' Pension Plan I may be eligible to receive a monthly pension benefit for the rest of my life commencing at the normal retirement age defined in the Village of Tequesta Public Safety Officers' Pension Plan. In lieu of any vested benefit, I request that the total of my employee contributions be returned to me as soon as reasonable possible. I understand that my employee contributions may not be equal in value as any benefit entitlement I am eligible to receive. I also understand that by requesting and accepting the return of my employee contributions, I am releasing and foregoing forever all rights and entitlement I may have to receive a monthly pension benefit from the Village of Tequesta Public Safety Officers' Pension Plan.

I hereby acknowledge that all of my rights and entitlements have been fully explained to me and I voluntarily make this request to receive the total of my employee contributions in lieu of any other rights and entitlements with the full understanding as to the consequences of this decision. I also understand that this request is irrevocable and cannot be changed. I have received and read the Safe Harbor Notice that has been provided to me and I acknowledge that ample opportunity for me to consult with legal and financial advisors has been provided.

Signature of Member

Date

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, personally appeared _____ who is personally known to me or 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 AND SUBSCRIBED before me this the ____ day of _____, 20____.

Notary Public, State of Florida
At Large

My Commission Expires:
My Commission Number Is:

NOTARY MAY NOT BE A RELATIVE

PLEASE RETURN TO:

VILLAGE OF TEQUESTA PUBLIC SAFETY OFFICERS' PENSION PLAN
C/O PENSION RESOURCE CENTER
4360 NORTH LAKE BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33410