

WEST PALM BEACH FIREFIGHTERS PENSION FUND

BUYBACK AGREEMENT

I have received a copy of the provisions of the buyback on _____
(Insert date received)

contained in the Special Act and the Board of Trustees Statement of Policy Regarding Buyback of Firefighter/Military Service. It has been explained to me and I am in full agreement with the terms set forth. I understand that I have 90 days from the date I received the certified letter and notice regarding these buyback provisions. I hereby make the following elections regarding my buyback.

1. Amount of repayment

_____ I elect to pay \$_____ for a buyback of service with a retirement after 26 years of service. I understand that if I elect to retire with less than 26 years of service that I will need to pay an additional lump sum of \$_____ to purchase the years of service. This purchase must be made in a lump sum payment.

_____ I elect to pay the amount of \$_____ for a buyback of service with a retirement at my earliest normal retirement date.

2. Method of purchase

I will use the following amounts and methods to purchase my years of service:

\$ _____	Rollover
\$ _____	Cash Contribution
\$ _____	Payroll Deduction (includes interest at 8.25%)
\$ _____	Share Account Rollover
\$ _____	TOTAL

I have also been advised to seek the counsel of a qualified tax advisor regarding the tax consequences to me of purchasing this additional service.

I, _____, hereby request to purchase ____ years of service. I further certify that this time is not the basis for another pension.

SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____,
20____, by _____.

_____ Personally known to me - **OR** -

_____ Produced identification

NOTARY: Please specify type of identification provided: _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

[NOTARY SEAL]