

LAKE WORTH BEACH GENERAL EMPLOYEES' PENSION FUND

C/O THE RESOURCE CENTER, LLC
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Palm Beach Gardens, FL 33410
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Toll Free (800) 206-0116

Application for Retirement Benefits (Leaving DROP)

I hereby apply to leave the DROP and start receiving my monthly benefit payment which I'm entitled under the provisions of the Lake Worth Beach General Employees' Pension Fund. I will be leaving the DROP effective_____. My first benefit payment is effective_____.

Members must take a full distribution of the DROP Account balances within 90 days following termination from employment.

X _____
(Participant's Signature)

(Print Name)

SS# _____

Date _____