

Miramar Fire Pension Fund

WHAT DO I NEED TO DO TO APPLY FOR DROP?

The first thing that you need to do is to complete an application for retirement benefits. The application can be obtained from the pension plan administrator at 4360 Northlake Boulevard, Suite 206, Palm Beach Gardens, FL 33410, (800) 206-0116 or the information can be found online at www.resourcecenters.com, under the Miramar Firefighters Pension Fund.

*When the application is completed, it must be forwarded to the administrator, **along with the following items:***

- *Completed Application for Pension Benefits*
- *Completed DROP Application*
- *Completed DROP Deposit of Unused Leave*
- *Completed Beneficiary Form*
- *Copy of your birth certificate*
- *Copy of official marriage license (if married)*
- *Copy of spouse's birth certificate (if married) OR the birth certificate of the joint survivor if one is being listed for your benefit*

The packet should be returned in its entirety, inclusive of all items listed.

It typically takes eight weeks to process a normal DROP benefit, depending upon how long it takes the Pension Resource Center to receive the final payroll records from the City. For example, if you DROP effective July 1st, your final pay through the end of June will be needed from payroll in order to process your calculation. The payroll reports through June may not be received by the Pension Resource Center until the middle of July. Upon receipt of the final payroll information from the City, the Pension Resource Center will provide all details to the Fund's actuary for final calculation. A copy of the payroll detail will also be provided to the participant for review. The final calculation process by the actuary may take two to four weeks. (In this example, we are now into the middle/end of August.) Once the final benefit calculation has been received from the actuary, the Pension Resource Center will contact you to provide final documents for your benefit election.

Your benefit will need to be approved by the Board of Trustees at a public meeting. Upon approval, your DROP account will be credited retroactively inclusive of any appropriate interest. DROP statements are issued by the actuary each quarter and will be made available to you on through our administrative website.

Should you have any questions regarding this process, feel free to contact your plan administrator as indicated above.

MIRAMAR FIREFIGHTERS PENSION FUND
APPLICATION FOR PENSION BENEFITS

PLEASE PRINT OR TYPE:

1.
 - a. Name of Employee: _____
 - b. Social Security Number: _____
 - c. Date of Birth: _____ (Attach birth certificate or other proof)
 - d. Home Telephone Number: () _____
 - e. Home Address: _____

 - f. Permanent address to which check and correspondence should be sent: _____

2.
 - a. Are you currently married? Yes _____ No _____
If yes, please complete the following:
 - b. Name of Spouse: _____
 - c. Spouse's Social Security Number: _____
 - d. Spouse's Date of Birth: _____ (Attach birth certificate or other proof)
 - e. Date of Marriage: _____

3. Names and Dates of Birth of Child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____

(Attach additional page, if needed)

4. Names of Your Living Parents:

a. Mother: _____

b. Father: _____

5. a. Date of hire by Miramar as Firefighter: _____

b. Current Position in the Fire Department: _____

6. I plan to retire on: _____

7. Type of retirement for which you are applying:

_____ Normal Retirement

_____ Deferred Retirement Option Plan

_____ Early Retirement

_____ Line-of-Duty Disability

_____ Non-Line-of-Duty Disability

8. If you are applying for a disability retirement, please complete the following:

a. Date disability commenced: _____

b. Nature and cause of disability: _____

c. Did your disability result from any of the following:

Yes

No

(1) Use of drugs, intoxicants
or narcotics?

(2) Due to a fight, riot, civil
insurrection or crime?

(3) From an injury or disease
sustained while you were
serving in any armed forces?

(4) After your employment with
the Town terminated?

(5) While working for anyone
other than the City and
arising out of such employment? _____

d. A copy of my doctor's medical
opinion is attached: _____

NOTE: If you are applying for a disability benefit, records must be filed to show that the disability is total and permanent. If application is made for a line-of-duty disability, copies of workers' compensation records must also be filed to show that the disability occurred in the line-of-duty. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board.

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 with this Application.

This Application revokes any prior Applications.

EMPLOYEE'S SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me, this
_____ day of _____, 2____ by _____.

_____ Personally known

_____ OR Produced Identification

Type of Identification Produced: _____

Notary Signature
Print, type or stamp name of Notary below:

[NOTARY SEAL]

BSJ/ka
1003,41-November 30, 2004
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DEFERRED RETIREMENT OPTION PLAN
for
THE MIRAMAR FIREFIGHTERS PENSION FUND

I have received a copy of the provisions of the DROP contained in the Ordinance. It has been explained to me and I am in full agreement with the terms set forth. It is my understanding that in return for the DROP benefit received, I will no longer have to contribute eight and forty-seven one hundredths percent (8.47%) of my salary for employee contributions to the pension plan; upon entry into the DROP my contribution shall be four percent (4%) which shall be added to my DROP account. I understand that my DROP account will be invested in accordance with my election of an earnings method. I have also been advised to seek the counsel of a qualified tax advisor regarding the tax consequences to me of entering the DROP. I fully understand that the maximum period of participation in the DROP is five (5) years from my earliest retirement date. If I do not terminate my employment at the end of participation in the DROP, then interest credits shall cease on my current balance and there shall be no future deposits to my DROP account. Additionally, failure to end participation on or before the end of the participation period could result in other financial penalties being assessed up to and including the loss of the DROP account balances.

I, _____, respectfully submit to enter the DROP effective _____ (date). I understand that the latest date that I may participate in the DROP is _____ (date). If I do not retire at that time, I will not be entitled to the DROP benefits.

SIGNATURE

(DATE OF END OF PARTICIPATION)

PENSION ADMINISTRATOR

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me, this
_____ day of _____, 2____ by _____.

Notary Signature

[NOTARY SEAL]

_____ Personally known

_____ OR Produced Identification

Type of Identification Produced: _____

BSJ/ka
drop.wpd
November 30, 2004

MIRAMAR FIREFIGHTERS' PENSION FUND

**ELECTION TO DEPOSIT UNUSED
LEAVE TO DROP ACCOUNT**

PLEASE PRINT OR TYPE:

1. a. Name of Participant: _____
b. Social Security Number: _____
c. Date of Birth: _____
d. Home Telephone Number: () _____
e. Home Address: _____

2. Election to Deposit Unused Leave to DROP Account:

The Miramar Firefighters Pension Fund Plan Document provides that upon DROP commencement, the member shall have the option to have the city pay a lump-sum contribution of the member's unused vacation, compensatory, personal and sick leave into the individual member's DROP account, as per the guidelines in the collective bargaining agreement or choose to have payout deposited to the member's DROP account upon termination. Once a member elects such a pay out at DROP commencement, the member forfeits his/her rights to transfer any future payouts of unused vacation, personal, or sick leave into the DROP plan.

To make your election, please initial the line next to your selection

_____ I elect to have my accumulated unused leave deposited to my DROP account at the commencement of the DROP up to the limits permitted by the IRS.

_____ I elect to have my accumulated unused leave deposited to my DROP account at the end of my DROP participation up to the limits permitted by the IRS.

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 election to deposit unused leave to my DROP account.

This Application form is a supplement to my DROP Application (if any) and Earnings Election Form and supersedes if there is a conflict.

This document must be signed by the member in the presence of a Notary.

MEMBER'S SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

_____ day of _____, 20__ by _____
SWORN TO (or affirmed) and subscribed before me, this

Notary Signature

[NOTARY SEAL]

_____ Personally known

_____ OR Produced Identification

Type of Identification Produced: _____

BSJ/ka
August 28, 2007

H:\Miramar FF 1003\FORMS\lacc sick &vac leave deposit election Form 2007.wpd

MIRAMAR FIREFIGHTERS' RETIREMENT PLAN

DESIGNATION OF BENEFICIARY

PLEASE PRINT OR TYPE:

Participant's Name: _____

1. Primary Beneficiary

I hereby designate the following person as my principal beneficiary entitled to receive any benefit due in the event of my death:

a. Name Beneficiary: _____

b. Relationship to Participant: _____

c. Beneficiary's Social Security Number: _____

In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

d. Date of Birth of Beneficiary: _____

e. Sex of Beneficiary: Male _____ Female _____

f. Home Address of Beneficiary: _____

g. Telephone Number of Beneficiary: _____

2. Contingent Beneficiary

If the above-named primary beneficiary dies before me, or not be available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due in the event of my death:

a. Name Contingent Beneficiary: _____

b. Relationship to Participant: _____

c. Beneficiary's Social Security Number: _____

In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

d. Date of Birth of Contingent Beneficiary: _____

- e. Sex of Contingent Beneficiary: Male_____ Female_____
- f. Home Address of Contingent Beneficiary: _____

- g. Telephone Number of Contingent Beneficiary: _____

The above designation of beneficiaries revokes any and all prior designations of beneficiaries. I understand that the beneficiary I select may affect the amount of benefits to be paid to me.

NOTE:

A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.

**BE SURE TO KEEP YOUR BENEFICIARY
INFORMATION UPDATED WITH THE FUND**

THIS FORM MUST BE NOTARIZED WHICH REQUIRES THAT YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC WHO MAY THEN NOTARIZE IT.

Witness

Signature of Participant

Printed Name of Witness

Printed name of Participant

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this ___ day of _____, 20____, by _____.

Signature, Notary Public

In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:

Printed, typed or stamped name of Notary

_____ Personally known

_____ OR Produced identification

Type of identification produced: _____