

**CITY OF NORTH PORT
POLICE OFFICERS' PENSION - LOCAL OPTION TRUST FUND**

**RETURN OF CONTRIBUTIONS TO VESTED MEMBER
AND WAIVER OF RIGHTS AND BENEFITS**

I, _____, the undersigned member of the City of North Port Police Officers' Pension - Local Option Trust Fund, hereby request return of my accumulated employee contributions in the amount of \$ _____. I understand that I am fully vested in the pension system. This means that I would be entitled to benefits from the system as provided for in the Pension Plan documents if I were not withdrawing my accumulated employee contributions.

I understand that by accepting a return of my accumulated employee contributions, I waive, release and relinquish all my rights and benefits under the City of North Port Police Officers' Pension - Local Option Trust Fund. I also understand that if I return to service with the City after accepting a return of my accumulated employee contributions, I may be forever barred from restoring periods of prior credited service that I may otherwise be entitled to if I were not withdrawing my accumulated employee contributions, except to the extent provided for in the Plan which is in effect at the time of my re-employment.

I have had a full and complete opportunity to consider the consequences of this return of accumulated employee contributions and waiver of rights and benefits. I make this decision freely and voluntarily. I hereby waive, release and relinquish forever all rights, benefits, claims and causes of action of every kind and description from the City of North Port Police Officers' Pension - Local Option Trust Fund; its Board of Trustees; agents; servants and employees, except for the return of my accumulated employee contributions.

I further certify that I am over the age of 18 years and otherwise competent to enter into binding agreements and that I have received the Special Tax Notice Regarding Plan Payments.

Member's Signature

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20____ by _____.

Notary Public

Name typed, printed or stamped

My Commission Expires: _____

Personally known _____ OR Produced Identification _____
Type of Identification Produced: _____.

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE YOU SIGN, BE SURE YOU UNDERSTAND YOUR RIGHTS!