



# ST LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS' PENSION TRUST FUND IRREVOCABLE ELECTION TO TRANSFER TO 6-YEAR DROP

(Please print legibly or type)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
DROP Entry Date: \_\_\_\_\_ Old DROP End Date: \_\_\_\_\_

## **This Election is not valid unless RECEIVED by March 31, 2021.**

I have received a copy of the revised provisions of the DROP contained in Article 38 of the Bargaining Agreement effective as of October 1, 2020, and Memorandum of Understanding dated February 11, 2021. I agree to abide by all of the terms set forth in the Bargaining Agreement and stated herein. I have been advised to seek the advice of my own qualified legal and tax counsel regarding any consequences or ramifications that may result from this Election. I hereby agree as follows:

- I agree to separate from service no more than 6 years (72 months) from my original date of entry into the DROP. Failure to end DROP participation as agreed may result in penalties at the discretion of the Trustees, up to and including forfeiture of my DROP Account.
- Effective March 1, 2021, my DROP Account will be credited with earnings (DROP Account rate of return) at the actuarial rate of return as provided in the most recent annual actuarial valuation less one-half percent (0.5%).
- I understand if I previously entered the DROP at early retirement that my DROP Account rate of return will be further reduced by 2% to account for costs associated with early retirement.
- Upon my death my DROP Account will be transferable to my surviving spouse or minor beneficiary up to the age of 18.

I, \_\_\_\_\_ entered the St. Lucie County Fire District Firefighters' Pension  
(Print Name)  
Trust Fund DROP on \_\_\_\_\_ In compliance with the Articles of Agreement  
(Enter Date)  
effective October 1, 2020, I hereby submit my new irrevocable resignation to the St Lucie County District  
as of \_\_\_\_\_ (six years following my original entry date).  
(Enter Date)

By mutual agreement and consent, the provisions of this Election supersede my prior Agreement to terminate my DROP at the end of five (5) years and Application to Elect DROP Earnings Method. Except as specifically stated herein, any and all other provisions of my prior Agreement to terminate my DROP at the end of five (5) years and Application to Elect DROP Earnings Method remain in full force and effect. 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 from benefits.

**I certify that I am electing the to transfer to the Six (6) Year DROP. This Election revokes any prior Election I have made. This Election Form is a supplement to my prior DROP Application and supersedes it where conflicts exist. Additionally, I certify that I am electing the earnings method for the Six (6) Year DROP. This Election revokes any prior elections I have made.**

\_\_\_\_\_  
(Signature) (Date)

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, appeared before me \_\_\_\_\_ by means of  physical presence  online notarization and 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida At Large

My Commission Expires:

My Commission Number Is:

Please return to: St Lucie County Fire District Firefighters' Pension Trust Fund  
c/o Resource Centers, LLC  
4360 Northlake Blvd., Suite 206  
Palm Beach Gardens, FL 33410  
Via Facsimile to (561) 624-3278 (or)  
Via Email to [SLCFD@ResourceCenters.com](mailto:SLCFD@ResourceCenters.com)