



ST LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS' PENSION TRUST FUND APPLICATION TO ELECT DROP EARNINGS METHOD

(PLEASE PRINT LEGIBLY OR TYPE)

Name: _____ DROP Entry Date: _____

Last Date of Participation: _____

Phone: _____ Email: _____

I have received a copy of the revised provisions of the DROP contained in the current Restated Plan Document, and I agree to abide by all of the terms set forth 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 further 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. The 72-month period, however, shall be reduced by one month for each month that I begin participation after reaching 26 years of credited service.
- 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.
- Upon my death my DROP Account will be transferable to my surviving spouse or minor beneficiary up to the age of 18.

EARNINGS METHOD ELECTION FOR DROP MEMBERS

To elect the earnings method, please initial the line next to your selection.

Entry into DROP at normal retirement:

_____ I elect to have my DROP Account 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%).

Entry into DROP at early retirement:

_____ I elect to have my DROP Account credited with earnings (DROP Account rate of return) at the actuarial rate of return as provided in the most recent annual actuarial valuation less two and one-half percent (2.5%).

ACKNOWLEDGEMENTS

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 or financial consultant regarding my earnings method election.

This Application form is a supplement to my prior Application (if any) and supersedes it where conflicts exist. Additionally, I certify that I am electing the earnings method marked above. 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