

CERTIFICATION OF TAX CONSULTATION

**ST. LUCIE COUNTY FIRE DISTRICT
FIREFIGHTERS' PENSION TRUST FUND**

PLEASE PRINT OR TYPE:

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

Please check the one applicable statement:

_____ I hereby state that **I have discussed** my election of payment method from the Share/DROP Account with the following Tax Advisor of my own choosing.

Name of Advisor: _____

Company: _____

_____ I have chosen **not to consult** with a Tax Advisor.

MEMBER SIGNATURE

DATE

WITNESS SIGNATURE

DATE