

**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