

be done in accordance with Sunrise City Code Section 11-53, which includes the specified interest rate that applies to such buy-back.

- 6. I understand that the buy-back must be completed within two (2) years following notification to the Board of the intention to participate in the buy-back. I further understand that my failure to complete the buy-back within the two (2) year period shall result in a forfeiture of my right to the buy-back and an immediate refund of all my buy-back contributions, without interest.
- 7. I understand that the buy-back contribution may be made by a cash payment to the Fund, through authorization of additional pickup contributions, or by a transfer of assets from another qualified retirement plan.
- 8. I understand that no credit for prior service shall be granted nor may any benefit be based on prior service until full repayment is made.

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.

EMPLOYEE'S SIGNATURE

DATE

STATE OF FLORIDA:
COUNTY OF BROWARD:

BEFORE ME, the undersigned authority, personally appeared _____, 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 _____, 20____.

Notary Public, State of Florida

My Commission Expires:
My Commission Number is: