



**CITY OF SUNRISE
GENERAL EMPLOYEES
RETIREMENT FUND**

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**CITY OF SUNRISE GENERAL EMPLOYEES RETIREMENT FUND
RETURN OF CONTRIBUTIONS REQUEST AND WAIVER OF RIGHTS**

I, _____, an employee of the City of Sunrise, and a member of the Sunrise General Employees Retirement Fund, have terminated my employment with the City. I am requesting a return of my contributions from the Sunrise General Employees Pension Fund. I understand that I will not be receiving any employer contributions or any interest on the amount of employee contributions being returned.

I understand that I am vested in the Fund and that means that I can receive a monthly pension benefit for the rest of my life commencing at normal retirement age. Instead of waiting for that benefit, I am requesting that my contributions be given back to me now. I understand that my contributions may not be worth as much money as the lifetime benefit would be. I also understand that by accepting these contributions, that I am giving up forever all rights to a monthly pension from the Sunrise General Employees Retirement Fund.

I acknowledge that all of my rights have been fully explained to me and I make this choice to give up any other rights and receive my contributions freely and voluntarily and with full understanding as to the consequences of that decision. I also understand that this decision, once made, is permanent and cannot be changed.

I have had ample opportunity to consult with legal and financial advisors and I am still choosing this option.

Signature

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Name:

Notary Public

My Commission Expires: _____

Commission No.: _____

