

DEERFIELD BEACH MUNICIPAL FIREFIGHTERS' PENSION TRUST FUND

Election for Voluntary Termination of Participation in the
Deferred Retirement Option Program (DROP)

I. Applicant Information

Member Name: _____

Social Security Number: _____

Date of Birth: _____ Date of Hire: _____

Date of Entry Into DROP: _____

Date of Termination from DROP: _____

Address: _____

City, State and Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Note: The first monthly pension check is payable effective the first day of the month coincident with or next following the "Date of Termination from DROP".

II. Certification

I understand that I have not completed my maximum allowable DROP period and I voluntarily elect to terminate my participation in the DROP. I understand that my monthly pension benefit becomes payable directly to me and will cease to be paid into the DROP. I understand that this election is irrevocable and that I will not be able to reenter the DROP.

Member Signature Date

STATE OF _____ **COUNTY OF** _____

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me

this _____ day of _____, 20____,

by _____ who:

_____ is personally known to me

OR produced
identification: _____

Type of Identification Produced

Signature - Notary Public

Printed Name of Notary