

CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS

In The City of Pembroke Pines • 1951 NW 150th Avenue – Suite #104 • Pembroke Pines, FL 33028-2875

DROP ACCOUNT “RATE OF RETURN ELECTION”

To: **CITY PENSION FUND
for FIREFIGHTERS & POLICE OFFICERS
1951 NW 150th Avenue – Suite #104
Pembroke Pines, FL 33028-2875**

In accordance with the Ordinance governing the City Pension Fund for Firefighters & Police Officers, I hereby make this written request regarding earnings to be credited to my DROP account:

☐

I elect to receive a **guaranteed rate of return**, which is no less than **5%** and no greater than **8%**, based upon the funds gross rate of return.

☐

I elect for my DROP funds to be credited with **the Fund’s actual gross rate of return.**

☐

I elect to share in **both rates** – please credit earnings as follows:

_____ % of my DROP account to receive **a guaranteed gross rate of return,**

and

_____ % of my DROP accounts to be credited with **the Fund’s actual gross rate of return.**

= 100 % TOTAL.

I understand that I ***am permitted to change my “rate of return” election for DROP funds annually*** – during the month of ***September*** only.

I understand that ***it is my responsibility to initiate any future change*** in my rate of return election.

I understand that ***future changes in the rate of earnings from one method to another must be made on the appropriate form, and must be received by the Pension Office between September 1st and September 30th*** of a given year to be considered a valid election.

I understand that ***no change will be made*** unless the appropriate form is filed in a timely manner.

Dated this _____ day of _____, 20_____.

Signature

(Please Print Your Name)