

DATE OF HIRE: _____

WEST PALM BEACH POLICE PENSION FUND

APPLICATION TO ELECT EARNINGS METHOD

PLEASE PRINT OR TYPE:

1. a. Name of Participant: _____
- b. Social Security Number: XXX-XX- _____ Insert Last Four
- c. Date of Birth: _____
- d. Home Telephone Number: _____
- e. Home Address: _____

I understand that if I make no election of earning method, my current earnings method will be used.

2. Earnings Method Election:

- A. SHARE ACCOUNT: _____ Variable based on Fund returns (gains and losses)
_____ Fixed rate of 8.25% subject to administrative expenses

Note: No earnings (or losses) are credited to your account for the most recent year if you withdraw the entire balance of your account before September 30th. If necessary, consult your tax advisor. The share accounts are charged an annual pro-rata administrative charge based upon the administrative expenses of the pension fund as a whole.

- B. DROP ACCOUNT: _____ Variable based on Fund returns (gains and losses) subject to administrative expenses
_____ Fixed rate of 8.25% subject to administrative expenses

Note: The DROP accounts are charged an annual pro-rata administrative charge based upon the administrative expenses of the pension fund as a whole.

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.

I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form.

I have been advised to speak with a tax consultant regarding my earnings method election.

This Application form is a supplement to my prior Application (if any) and supersedes it where conflicts exist. Additionally, I certify that I am electing the earnings method marked above. This election revokes any prior elections I have made.

MEMBER'S SIGNATURE

DATE

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally
appeared

_____, who is personally known to me or who 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 At Large

Commission Number:_____

Commission Expires:_____