

POMPANO BEACH POLICE & FIREFIGHTERS' RETIREMENT SYSTEM

SHARE PLAN INVESTMENT ELECTION FORM (SUPPLEMENTAL RETIREMENT BENEFIT FOR POLICE OFFICERS)

Member Name (Print): _____ Date of Hire: _____

As a vested police officer member of the Pompano Beach Police & Firefighters' Retirement System on February 28, 2017, I understand I am automatically enrolled in the Share Plan (Supplemental Retirement Benefit for Police Officers). Also, I hereby acknowledge receipt of the attached City Code Section 34.0605, and the Policy Statement of the Board of Trustees of the Pompano Beach Police and Firefighters Retirement System outlining the provisions of the Plan.

As indicated in the Policy Statement, investment earnings or losses will be allocated to all participants who are not currently receiving a monthly pension benefit commencing September 30, 2018, and on each September 30 thereafter, based on the account balance as of the end of the immediately preceding fiscal year. The rate of earnings will be equal to the Retirement System's actual net rate of investment return for the preceding plan (fiscal) year.

Example: Earnings will be allocated on September 30, 2018 based on the balance in the account as of September 30, 2017, at the System's net rate of return for the fiscal year ending September 30, 2017.

Alternatively, participants who have achieved their respective Normal Retirement Age, as then defined by the Plan, or are within five (5) years of their expected receipt of a monthly pension benefit may, at any time within those 5 years, make a one-time irrevocable election to have interest credited to their share account from a money market mutual fund selected by the Board of Trustees.

Please check one of the following statements, sign and date the form and return it to the Pension Office at: 2335 E. Atlantic Blvd., Suite 400, Pompano Beach, FL 33062.

- I am not within five (5) years of my Normal Retirement Age or expected receipt of a monthly pension benefit and acknowledge that my Share Plan account will be credited with earnings at the Retirement System's net rate of return. I understand that when I am within five (5) years of my expected termination of employment date that I may submit a written election to change to the money market mutual fund alternative and that it will be my responsibility to initiate such action.
- I am within 5 years of my Normal Retirement Age or expected receipt of a monthly pension benefit and acknowledge that my Share Plan account will be credited with earnings at the Retirement System's net rate of return. I understand that at any time I may submit a written election to change to the money market mutual fund alternative and that it will be my responsibility to initiate such action.
- I am within five (5) years of my Normal Retirement Age or expected receipt of a monthly pension benefit and request to have my Share Plan account credited with interest from the money market mutual fund selected by the Board of Trustees. I understand that this election is irrevocable and will remain in effect until my account is distributed.

Signature of Member

Date