



CITY OF BOYNTON BEACH POLICE OFFICERS' PENSION FUND



2100 North Florida Mango Road
West Palm Beach, Florida 33409

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Toll Free Fax: 866.769.0678

DROP ACCOUNT INVESTMENT SELECTION

Name: _____ SS: xxx-xx _____

Home Address: _____ City/State/Zip: _____

Birth Date: ____/____/____ Date of Selection: ____/____/____

INITIAL ENROLLMENT () Check Here

Effective with the first benefit payment due on the _____ day of _____, 20____, I direct the DROP Pension Benefit to be invested in the Boynton Beach Police Officers' Pension Fund, as follows:

Two Options:

- A. **Investment Earnings of the Fund:** I elected to have _____% of my DROP account invested with the Investment earning option.
- B. **Fixed Guaranteed Return (7%):** I elect to have _____% of my DROP account invested in the Guaranteed 7% Fixed earning option.

(NOTE: all amounts must be whole numbers and both must total 100%)

NOTE: The investment selection may be changed each year effective the 1st of January as provided by City of Boynton Beach Ordinance 02-065.

SUBSEQUENT ELECTION () Check Here

Effective with the first benefit payment due on the 1st day of January, 20____, I direct the DROP Pension Benefit to be invested in the Boynton Beach Police Officers' Pension Fund, as follows:

Two Options:

- C. **Investment Earnings of the Fund:** I elected to have _____% of my DROP account invested with the Investment earning option.
- D. **Fixed Guaranteed Return (7%):** I elect to have _____% of my DROP account invested in the Guaranteed 7% Fixed earning option.

(NOTE: all amounts must be whole numbers and both must total 100%)

Signature of Member

Official Use Only

Received By: _____ Date Received: _____ Date Entered into System: _____