



CITY OF BOYNTON BEACH POLICE OFFICERS' PENSION FUND



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West Palm Beach, Florida 33409

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REQUEST TO TERMINATE BUY-BACK OF SERVICE TIME AND REFUND

Name: _____ SS: xxx-xx _____

Birth Date: ____/____/____ Date Requested Refund: ____/____/____

I hereby state that I request to terminate my participation in the Buy-Back process and to receive a full refund of the money I have put into the City of Boynton Beach Police Officers' Pension Fund ("Fund") to purchase such service. I have an immediate and heavy financial need that is one of the following:

Initial next to the hardships that apply to you:

- _____ 1) medical expenses previously incurred by me, my spouse, my children or my dependents, or amounts necessary for these people to obtain medical care;
- _____ 2) costs related to my purchase of a principal residence (not including mortgage payments);
- _____ 3) payment of tuition and related educational fees, room and board expenses for the next twelve (12) months of post-secondary education for me, my spouse, children or dependents;
- _____ 4) payments necessary to prevent my eviction from my principal residence or to avoid foreclosure on the mortgage on that residence.

Additionally, I need to terminate my participation in the Buy-Back process and receive a refund of the money I have into the Fund to purchase such service because the distribution is necessary to satisfy my financial need. I cannot relieve my financial need through reimbursement or compensation by insurance or otherwise; by reasonable liquidation of my assets; by other distributions or nontaxable (at the time of the loan) loans from other plans of my employer or borrowing from commercial sources at reasonable terms; or by cessation of elective contributions to other plans. I understand that there are no partial refunds.

I hereby acknowledge that I have been advised to seek the counsel of a qualified tax advisor regarding this request and it's tax consequences.

Signature of Member: _____ Date: _____

STATE of Florida)
COUNTY OF _____)

The foregoing instrument was subscribed, sworn to, and acknowledged before me this ____ day of _____, 20____, by _____, (name of personal acknowledging) who is personally known to me or has produced _____ (type of identification) as identification and did/did not take an oath.

(Seal)

Signature of Notary Public
Print Name of Notary: _____
My Commission Expires: _____
Commission Number: _____