



**CITY OF BOYNTON BEACH  
MUNICIPAL FIREFIGHTERS  
PENSION TRUST FUND**



**2100 North Florida Mango Road  
West Palm Beach, Florida 33409**

**Telephone: 561.340.3470**

**Toll Free Fax: 866.769.0678**

PLEASE REFRAIN SENDING BACK THIS DOCUMENT UNSECURED VIA E-MAIL. OTHER ALTERNATIVES US MAIL, FAX (NUMBER CITED ABOVE) OR DROP OFF AT THE OFFICE.

ALSO USE LAST 4 OF SSN ONLY.

THANK YOU!

***Remember to Visit Us: [bbffp.org](http://bbffp.org)***



# CITY OF BOYNTON BEACH MUNICIPAL FIREFIGHTERS PENSION TRUST FUND



## 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 City of Boynton Beach Municipal Firefighters Pension Trust 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 1<sup>st</sup> of January as provided by City of Boynton Beach Ordinance.

**SUBSEQUENT ELECTION** ( ) 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 City of Boynton Beach Municipal Firefighters Pension Trust 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 System: \_\_\_\_\_