



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 1st 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: _____