APPLICATION FOR PENSION BENEFITS FOR:

A. Please select your form of benefit payment from the following options:

JOINT & SURVIVOR OPTION:

◇ 100% ◇ 66 2/3% ◇ 50%

◇ 5 YEAR CERTAIN OPTION

◇ 10 YEAR CERTAIN OPTION

◇ PARTIAL LUMP SUM of _____.

COST-OF-LIVING OPTION:

◇ 1.92% ◇ 2.50% ◇ 3.00%

◇ SOCIAL SECURITY AT 65 OPTION

◇ SOCIAL SECURITY AT 62 OPTION

◇ LIFE ANNUITY OPTION

◇ FULL LUMP SUM OPTION

B. If you elected a survivor option, complete the following:

Beneficiary's Name: _____ His social security #: _____

His/her date of birth: _____ His relationship to you: _____

C. If you elected an ANNUITY option, check one of the following federal tax elections:

◇ I **do not** wish to have any federal taxes withheld from my annuity entitlement.

◇ Withhold federal taxes in the amount of _____ per month from my annuity entitlement.

D. If you elected a LUMP SUM ROLLOVER, complete the following:

Transfer To: _____ Address: _____

Account Number: _____

Social Security: _____

E. If you elected a PAYMENT MADE DIRECTLY TO YOU, check the following:

◇ I wish to receive my lump sum distribution in the form of a payment made payable to me. I understand that this option is subject to federal tax wihholding of 20% which will be automatically deducted. I will receive a check for the remaining 80% of the amount which may also be subject to a 10% penalty tax unless I meet one of the exceptions noted in the special tax notice.

F. Disclaimer:

By signing this application, I understand and agree to abide by all the terms above. I agree not to hold either the Board of Trustees or the City of North Miami liable for honoring any information contained in this report. Completion of this application constitutes an election regarding receipt of my pension benefits and effectively waives the 30-day notice prescribed in this application. It is a crime for a person to willfully and knowingly make or cause to be made or to assist, conspire with or urge another to make, or cause to be made any false, fraudulent or misleading oral or written statement or withhold or conceal material information to obtain any benefit from a retirement plan. In addition to any applicable criminal penalty upon conviction for a violation described, a participant or beneficiary of the plan may, at the discretion of the Board of Trustees, forfeit the right to receive any or all benefits to which the participant would otherwise be entitled. For purposes hereof, "conviction" means a determination of guilt as a result of a plea or trial, regardless of whether adjudication is withheld.

X _____ _____

Signature **Date** **Name** **Employee #**