## TAB 3

## CITY OF PALMETTO GENERAL EMPLOYEES' RETIREMENT SYSTEM

## Notification of Benefits Payable as a Result of Participation in the Deferred Retirement Option Plan (DROP)

Participa	nt's Name:	SHARON C. JONES		
choose, bu	ning of each mont at not later than N	h commencing on December 1, lovember 1, 2013. The amount	om the Plan. Your benefit is payable 2008. DROP payments will end on to of your monthly benefit depends on to one optional annuity form listed below.	he date you the optional form
1	as long as you li	ive. If you should die before yo the Plan, payments will continu	This option provides payments of but have received an amount equal to your to your beneficiary until your own	\$2,103.68 to you your own contributions
2	payments of payments have be	\$2,039.10 to you as long as y	AFTER ANNUITY: This option proou live. If you should die before 120 ill continue to be paid to your benefic in all.	monthly
3.	\$1,893.10	AND LAST SURVIVOR ANN to you as long as you live. You receive monthly payments of	UITY: This option provides monthly designated beneficiary, if living at t \$1,893.10 as long as he/she liv	he time of your
4.	\$1,941.70 t	ND LAST SURVIVOR ANNU to you as long as you live. You receive monthly payments of	JITY: This option provides monthly r designated beneficiary, if living at t \$1,456.28 as long as he/she live	he time of your
5.	\$1,958.53 t		NUITY: This option provides mont redesignated beneficiary, if living at the \$1,305.69 as long as he/she live	he time of your
6.	\$1,992.82 t		TTY: This option provides monthly redesignated beneficiary, if living at the \$996.41 as long as he/she live	he time of your

The preceding amounts are based on the following information:

Your Date of Birth:	November 25, 1948	Date of Employment:	June 9, 1992
Date of Termination:	November 30, 2008	Years of Credited Service:	16.5000
Average Monthly Earnings:	\$5,099.82		
Beneficiary Name:	Gary D. Jones	Date of Birth:	August 23, 1946

After-Tax Contributions:	\$0.00	
Pre-Tax Contributions:	\$29,111.30	
Interest on Contributions:	\$0.00	
Accumulated Employee		
Contributions:	\$29,111.30	
Nontaxable Portion of		
Monthly Benefit for Options	•	Number of Months Nontaxable
1 or 2:	<del>:</del> -	
Nontaxable Portion of		
Monthly Benefit for Options		Number of Months Nontaxable
3, 4, 5 or 6:		Portion Continues:

The Survivor Annuity benefit amounts shown above are based on the beneficiary named above and are payable only to this beneficiary. Should you wish to change your beneficiary before your payments begin, new amounts will have to be calculated.

This calculation is subject to correction. If you are or become aware of errors in the data that was used, the calculations that were made, or the plan provisions that were applied, it is your responsibility to contact the plan administrator. The plan has the right to recover from you amounts that were paid to you in error.

I accept the terms above, including my choice of annuity form, and confirm the information shown above to be correct.

PARTICIPANT'S SIGNATURE:

Calculation Date: November 6, 2008