

TAB 3

PALMETTO

June 28, 2010

Mr. Charlie Mulfinger
Salomon, Smith Barney
100 N. Tampa St., Suite 3000
Tampa, Fl 33602

Fax: 813-227-2070

Regarding Ryan Bellamy

SS # [REDACTED]

General Employees' Retirement Plan

Termination Date 06/21/10

Total employee contributions \$4,277.80

Total interest 209.54

Total pay out \$4616.28

Total taxable \$4616.28

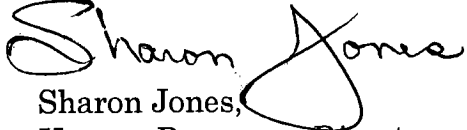
Dear Charlie:

Enclosed please find the signed Lump Sum Distribution Election Form, Certification of Receipt form, Return of Contributions to Non-vested Member and Waiver of Rights and Benefits form, the Authorization for payment from fund form and the Member's Designation of Beneficiary form for Mr. Ryan Bellamy.

If additional information is required, please contact me at (941) 723-4570. Please send information to my attention.

Sincerely,

City of Palmetto



Sharon Jones,
Human Resources Director

Enclosures

516 8th Avenue West
P.O. Box 1209
Palmetto, Florida 34220-1209
Phone (941) 723-4570
Fax: (941) 723-4576
Suncom: 516-0829
E-mail: chgeneral@palmettofl.org
Web: www.palmettofl.org

**CITY OF PALMETTO
GENERAL EMPLOYEES' RETIREMENT SYSTEM
AUTHORIZATION FOR PAYMENT FROM FUND**

TO:

SUBJECT: Authorization from Board of Trustees for Payment from Fund

Name of Payee:

RON BELMONT

Social Security Number:

████████████████████

Address for Payment Purposes:

████████████████████ Palmetto, FL
34221

Amount of Payment:

\$4,616.28

____ Retirement benefit, payable monthly for life, first payment to be made _____, 20____ and subsequent payments the first day of each month thereafter. (Upon death of the payee, please notify the Board of Trustees for further instruction concerning survivor benefits, if any.)

____ Disability benefit, payable until terminated by further written notice from Board. (Upon death of the payee, please notify the Board of Trustees for further instruction concerning survivor benefits, if any.)

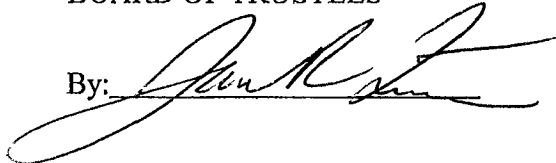
____ Death Benefit, payable to Beneficiary of Member, first payment to be made _____, 20____ and subsequent payments on the first day of each month, with the last payment on _____, 20____. (Upon the death of the payee, please notify the Board for further instructions.)

RB Refund of Member Contributions, including 4616.28 pretax and _____ after tax.

The foregoing authorization and direction for payment has been made pursuant to directions and authority of the Board of Trustees.

BOARD OF TRUSTEES

By: _____



Date of Issuance: _____

(1 copy for Disbursing Agent, 1 copy for Board)

CITY OF PALMETTO
GENERAL EMPLOYEES' RETIREMENT SYSTEM

RETURN OF CONTRIBUTIONS TO NON-VESTED MEMBER
AND WAIVER OF RIGHTS AND BENEFITS

I, Ryan Bellamy, the undersigned member of the City of Palmetto General Employees' Retirement System, hereby request return of my accumulated employee contributions in the amount of \$ 4616.28.

I understand that by accepting a return of my accumulated employee contributions, I waive, release and relinquish all my rights and benefits under the City of Palmetto General Employees' Retirement System. I also understand that if I return to service with the City after accepting a return of my accumulated employee contributions, I may be forever barred from restoring periods of prior credited service that I may otherwise be entitled to if I were not withdrawing my accumulated employee contributions, except to the extent provided for in the Plan which is in effect at the time of my re-employment.

I have had a full and complete opportunity to consider the consequences of this return of my accumulated employee contributions and waiver, release and relinquishment of all my rights and benefits under the City of Palmetto General Employees' Retirement System. I make this decision freely and voluntarily. I hereby waive, release and relinquish forever all rights, benefits, claims and causes of action of every kind and description from the City of Palmetto General Employees' Retirement System; its Board of Trustees; agents; servants and employees, except for the return of my employee contributions.

I further certify that I am over the age of 18 years and otherwise competent to enter into binding agreements and that I have received the Special Tax Notice Regarding Plan Payments.

Ryan Bellamy
Member's Signature

STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 1ST day of JULY, 2010, by RYAN BELLAMY, who is personally known to me or who produced a FL DRIVER LIC as identification and who did not take an oath.

NOTARY PUBLIC-STATE OF FLORIDA
Whitney A. Ewing
Commission #DD696830
Expires: JULY 18, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Whitney A. Ewing
Notary Public

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE YOU SIGN, BE SURE YOU UNDERSTAND YOUR RIGHTS!

CITY OF PALMETTO
GENERAL EMPLOYEES' RETIREMENT SYSTEM

CERTIFICATION OF RECEIPT

I, RYAN BELLAUS, hereby make application under the provisions of the City of Palmetto General Employees' Retirement System, for a lump sum distribution of my pension contributions.

I hereby acknowledge that I have received the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and the LUMP SUM DISTRIBUTION ELECTION FORM on this 21 day of JUNE, 2010.

The SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS gives information regarding my options for a lump sum distribution from the Pension Plan.

I understand that in accordance with Federal law, my lump sum distribution may not be distributed more than 180 days after receipt of the notice. I further have been informed and understand that I have at least 30 days to consider the options set forth in the above described Special Tax Notice, but that I may waive the 30 day period if I feel I have had the opportunity to make an informed decision.

[Signature]
Signature

6/21/10
Date

Address:

[Redacted Address]

Palmetto, FL - 34221

IT IS RECOMMENDED THAT YOU CONSULT YOUR TAX ADVISOR CONCERNING THIS MATTER.

NO DISTRIBUTION WILL BE MADE UNTIL THIS FORM AND THE LUMP SUM DISTRIBUTION ELECTION FORM ARE RECEIVED BY THE BOARD OF TRUSTEES AT:

City of Palmetto General Employees' Retirement System
P. O. Box 1209
Palmetto, Florida 34220-1209

**CITY OF PALMETTO
GENERAL EMPLOYEES' RETIREMENT PLAN
LUMP SUM DISTRIBUTION ELECTION FORM**

To be completed by Plan Member or Beneficiary (Transferor) with regard to the distribution to be received from the City of Palmetto General Employees' Retirement Plan, (the "System"):

Taxable Amount \$ 4616.28 Non-taxable Amount \$
Total Amount \$ 4616.28

I. Please initial option A, B or C below:

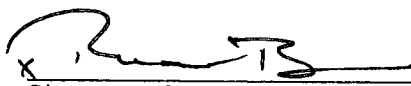
- A. The System is directed to make full payment to me, less any applicable withholding described in the Special Tax Notice received with this election form.
- B. The System is directed to mail ___% of the taxable portion of my distribution to ___ (Name of First Trustee or Plan) and ___% of the taxable portion of my distribution to ___ (Name of Second Trustee or Plan) for deposit in accordance with the rollover provisions. Any non-taxable portion will be:


 ___ paid directly to me.

 ___ rolled over to the First/Second Trustee or Plan (to traditional IRA, Roth IRA or 401(a) plan) *
- C. The System is directed to mail \$ ___ of my distribution to ___ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions. The remainder of the taxable portion less any applicable withholding described in the Special Tax Notice received with this election form, plus the non-taxable portion, will be paid directly to me. *

*For tax years prior to 1-1-20, you will be taxed on rollovers to a Roth IRA. To be eligible to rollover to a Roth IRA, your adjusted gross income cannot exceed \$100,000 and you must not be married filing separately.

NOTE: A surviving spouse may elect any option the deceased member could have made. A non-spouse beneficiary may only rollover to a regular IRA or Roth IRA and cannot rollover the payment himself.


Signature of Member or Beneficiary

x 
Social Security Number

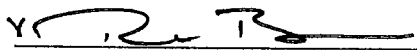
x RYAN WAYNE DEIANT
Printed Name of Member or Beneficiary

x 6/21/10
Date

The Agreement of Receiving Trustee or Plan below must be completed if Option B or C is selected.

II. Acknowledgment where election completed prior to 30 days after receipt of Special Tax Notice:

I acknowledge that I have had the opportunity to make an informed decision regarding my options, that I have been given the chance to consider the decision whether to elect a direct rollover for at least 30 days after my receipt of the special tax notice and that I have been provided with information clearly indicating that I have at least 30 days to make the decision, and I hereby waive the 30 day waiting period and elect an immediate distribution in accordance with my selection in I. above.


Signature of Member or Beneficiary

x 6/21/10
Date