# TAB 3

### City of Palmetto General Employees' Retirement System

Notification of Disability Retirement Benefits (Final as of June 29, 2011)

Member's Name: George Fountain	Calendar Ye	ar Earnings History
Data of Birthy Fahrung 20, 4000	2010	44,677.54
Date of Birth: February 28, 1962	2009	39,154,50
Voorm of Craditari Carriery on once	2008	39,425.65
Years of Credited Service: 20.8356	2007	39,094.18
Renefit Rate: 2 50% per Voor of Credited Service	2006	37,042.38

Average Final Compensation: \$3,323.24

Form of Benefit	Monthly Benefits as of July 1, 2011
or Retiree's Lifetime Only	1,731.04
or Retiree's Lifetime with 120 Payments Guaranteed	1,720.26
	To Surviving loint

For Retiree's Lifetime with 100% continued to Joint Annuitant 67F.	<u>To Retiree</u> 1,618.75	To Surviving Joint Annuitant 1,818.75
For Retiree's Lifetime with 75% continued to Joint Annuitant	1,645.43	1,234.07
For Retiree's Lifetime with 66 2/3% continued to Joint Annuitant	1,854.52	1,103.07
For Retiree's Lifetime with 50% continued to Joint Annuitant	1,673.01	836.51

(Joint Annuitant Information for Survivorship Options: Susan Fountain, Female, Born: April 29, 1984)

Witnessed By Susan Fountain

Prepared By:

Reviewed By

Foster & Foster, Inc.

### AUTHORIZATION FOR PAYMENT FROM FUND

10.	
SUBJECT: Authorization	from Board of Trustees for Payment from Fund
Name of Payee:	George J. Soutani
Social Security Number:	3
Address for Payment Purposes:	1703 SYY St. Ct. U.
	Brownton, JP. 34209
	<b>4</b>
Amount of Payment:	1.618.15
	yable monthly for life, first payment to be made 20 and subsequent payments the first day of each month the payee, please notify the Board of Trustees for further wor benefits, if any.)
AGF Disability benefit payable i	until terminated by further written notice from Board. (Upon otify the Board of Trustees for further instruction concerning
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 paymen payee, please notify the Boar	and subsequent payments on the first day of each of the dor further instructions.)
Refund of Member Contributax.	tions, including pretax and after
The foregoing authorization and authority of the Board of Truste	and direction for payment has been made pursuant to directions es.
	BOARD OF TRUSTEES
	I MI
	By:
Date of Issuance:	_
(I copy for Disbursing Agent, I copy for Be	oard)
PF-7 01-28-08	•

f: TATT	(Disability Retirements Only)
I, George	have received the calculation of my retirement benefit options payable under the following option (initial one):
NORMAL FORM, I she lives.	LIFE ANNUTTY - These benefits are paid to the retiree for as long as he or
Monthly amount	\$
are paid to the retiree	, TEN YEAR CERTAIN AND LIFE ANNUITY - These monthly benefits until death. If the retiree dies before 10 years from the date of retirement, the he surviving beneficiary for the balance of the 10 year period. (If the retiree year period, no benefits will be paid to the surviving beneficiary upon the
Monthly amount	\$ <u> </u>
the applicable percent	IVOR - These monthly benefits are paid to the retiree until death. At death, tage will continue to the retiree's joint annuitant until his or her death.
Retiree's Amount	\$1, 618.75 Percentage - circle one (100%, 75%, 66-2/3%, 50%)
Joint Annuitant's A	mount \$1,618.75
(Name of Joint Annui	itant Susan M. Jountagin
Please indicate the name of y	our beneficiary: Sugar M. Dountam
(Member's Designation	of Beneficiary (PF-3) must be completed to confirm this designation)
Signature: A Ging For	Date: X 7 (1) (1)
STATE OF FLORIDA COUNTY OF MANATES	
2011 by GARORAGE	s acknowledged before me this 151 day of July  by raid who is personally known to me or who has procured attrication, and who did not take an oath.
Notary Public	My commission expires:
PF-10 01-28-08	MEAL LIEE MAZZEI MY COMMISSION I DO 806489 EXPIRES: July 18, 2013 Borded Thru Budget Notary Services

### AUTHORIZATION FOR PAYMENT FROM FUND

10.			
SUBJE	CT: Authorization	from Board of Trustees f	or Payment from Fund
Name o	of Payee:	George J.	Jountain
Social S	Security Number:		
Address	s for Payment Purposes:	1703 54	1 St. Ct. U.
	' 	-Bradento	- JD. 34209
Amoun	t of Payment:	\$1,618.7	5
··		20 and subsequent p the payee, please notify	fe, first payment to be made payments the first day of each month the Board of Trustees for further
(	Disability benefit, payable undeath of the payee, please no survivor benefits, if any.)	ntil terminated by further tify the Board of Trustee	written notice from Board. (Upon s for further instruction concerning
		20 and subsequent	nber, first payment to be made t payments on the first day of each , 20 (Upon the death of the
	Refund of Member Contributi ax.	ions, including	pretax and after
and auth	The foregoing authorization are nority of the Board of Trustee	nd direction for payment h s.	as been made pursuant to directions
		BOARD	OF TRUSTEES
		. Ву;	In Matin
Date of I	(ssuance:		·
(1 copy for	r Disbursing Agent, I copy for Boa	rd)	

PF-7 01-28-08

MEMBER'S ELECTION OF BENEFIT OPTION (Disability Retirements Only)
I, have received the calculation of my retirement benefit option and I elect retirement benefits payable under the following option (initial one):
NORMAL FORM, LIFE ANNUITY - These benefits are paid to the retiree for as long as he of she lives.
Monthly amount \$
optional form, Ten year certain and life annuity - These monthly benefit are paid to the retiree until death. If the retiree dies before 10 years from the date of retirement, the benefits continue to the surviving beneficiary for the balance of the 10 year period. (If the retire lives beyond the 10 year period, no benefits will be paid to the surviving beneficiary upon the retiree's death.)
Monthly amount \$
JOINT AND SURVIVOR - These monthly benefits are paid to the retiree until death. At death the applicable percentage will continue to the retiree's joint annuitant until his or her death.
Retiree's Amount \$1, 413.75 Percentage - circle one (100%, 75%, 66-2/3%, 50%
Joint Annuitant's Amount \$1.618.75
(Name of Joint Annuitant Susan M. Jountagin)
Please indicate the name of your beneficiary:  (Member's Designation of Beneficiary (PF-3) must be completed to confirm this designation)
Signature: K Ginge Vontani Date: X 71,111
STATE OF FLORIDA COUNTY OF MANATEE
The foregoing instrument was acknowledged before me this 151 day of July 2011 by Grace Fountaid who is personally known to me or who has procured as identification, and who did not take an oath.
Notary Public My commission expires:
MEAL LEE MAZZEI  MY COMMISSION # DO 886489

PF-10 01-28-08

#### LUMP SUM DISTRIBUTION ELECTION FORM

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

Taxable Amount \$ 3 6, 103.73	•	ij,
Total Amount \$ 36, 103.7.3		

Non-taxable Amount \$

### Please select option A, B or C below:

The System is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form.

		1, 1			
Signat	ure of Member		Soc. Sec. No.		Date
В.	The System is directed the laxable portion of Second Trustee or lany non-taxable po	of my dis Plan) for	deposit in accord	rable portion of rst Trustee or Plance with the ro	my distribution to an) and 9 % of (Name of blover provisions.
	paid directly	to me, th	ne member.		
	rolled over or 401(a) pla	to the Fi			
lan	C. Bron	<u>~</u> -	Soc. Sec. No.	X	7/15/11 Date
Signat	ture of Member				
C.	The System is direct	ted to m	ail \$(Name	of my distri	bution to lan) for deposit in
•	accordance with the any applicable withh election form, plus member.	rollover policy of the nor	provisions. The re- escribed in the Spe i-taxable portion,	mainder of the decial Tax Notice will be paid d	received with this irectly to me, the
		<del></del> '	Soc. Sec. No.	<del></del>	Date
Signa	ture of Member				
	The Agreement of I B or C is selected.	Receiving	Trustee or Plan b	pelow must be co	ompleted if Option

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

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

7/15/11.

Page 1 of 2

# CITY OF PALMETTO GENERAL EMPLOYEES' RETIREMENT SYSTEM PAY-OUT OPTIONS FROM DROP

I. VAN	で とないし, make the following pay-out option selection from my
DROP Account.	
	A full and single lump sum distribution.
<u></u>	Purchase of a non-forfeitable fixed annuity pursuant to the attached election
- <del></del>	Rollover the balance to another qualified retirement plan (as permitted by law)
The distributions or other withholding or	from my DROP Account may be subject to penalties, income tax withholding, liabilities required by law.
selected by the foregoing selected. I acknowledge no time should it be co	one my DROP Account balance is distributed, my DROP Account balance shall not with DROP Attachment A. The pay-out of the DROP Account balance shall be in addition to any payments payable according to the retirement option that this contingency applies only to the balance of my DROP Account and at onstrued to give the recipient any rights towards any payment of the monthly
pension benefit.	A Company of the state of the s
	Senature Stenature
	July 14 2011
STATE OF FLORIDA COUNTY OF MANA	
The foregoing	instrument was acknowledged before me this UTH day of who is or who produced a FLOLAGORIST as identification and who did not take
an oath.	Peter Buttle PETER J BUTLER
*	Notary Pyblic
**************************************	PETER J. BUTLER  Notary Public - State of Florida  Notary Public - State of Florida

To be completed by the Authorized representative of the receiving Plan or IRA:

### AGREEMENT OF RECEIVING TRUSTEE OR PLAN

In accordance with the above authorization of the Transferor, we agree to deposit the forthcoming rollover amount from the City of Palmetto General Employees' Retirement System into the following plan or account:

Type	of Flatt of Acc	ount receivin	g ronover (che	ck one):		
*	401(a)	[401(k), prother "eligible	ofit-sharing pla ble employer p	in, defined be lan"]	enefit plan, mo	ney purchase plan,
•	403(a)	[annuity pla	n]			
	403(b)	[tax-sheltere	ed annuity]			
	457(b)	[eligible defe	erred compensa	tion plan mai	ntained by gove	ernment employer]
	408(a)	[Traditional Savings Acc	IRA (not Rot count)]	h IRA, Simp	le IRA or a Co	overdell Education
*	such amounts	reby agrees rolled over	to accept such	rollovers and	l aprees to sena	plan, the receiving trately account for fter-tax employee
RAY	MOND JA	MES	<u></u>		~~~	
FBO	Plan or Accou	nt To WH	Typed	TEVEN	horized Signatu	ire  //  ed Representative
_33	333 HEA	I DERSON	BIVD		7-14-20	1/
Mailin	g Address			Date		<del></del>
_7/	<u>AMPA</u>		トラ	33	3609	•
City		2 · · · · · · · · · · · · · · · · · · ·	State	Zip	Code	

City of Palmetto General Employees' Retirement System 516 8th Avenue West Palmetto, Florida 34220

PF-17 3/1/02

Return to:

Page 2 of 2



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

July 20, 2011

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

Fax: 813-227-2070

Regarding Van C. Brown

SS#

General Employees' Retirement Plan & DROP

Dear Charlie:

Enclosed please find the benefit choices prepared by Foster & Foster for monthly benefits for retirement for Van C. Brown. Mr. Brown is also leaving the DROP and is rolling his DROP account over to Raymond James FBO Van C. Brown, 3333 Henderson Blvd, Tampa, FL 33609. The amount is \$36,103.73. Also enclosed are the beneficiary designation form, Lump Sum Distribution Form, W-4P, Authorization for payment from fund, copy of a void check and AFT forms for direct deposit for his monthly benefit of \$886.43.

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

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

Participant's Name:	VAN C. BROWN
the beginning of each m choose, but not later tha	le for a(n) Normal Retirement from the Plan. Your benefit is payable at onth commencing on July 1, 2008. DROP payments will end on the date you n June 1, 2013. The amount of your monthly benefit depends on the optional form lose. Please check and initial the one optional annuity form listed below that
as long as you contributions t	ASH REFUND ANNUITY: This option provides payments of \$886.43 to you ulive. If you should die before you have received an amount equal to your own to the Plan, payments will continue to your beneficiary until your own contributions are been used up.
payments of payments have total of 120 m 3. 100% JOINT\$626.35	ERTAIN AND LIFE THEREAFTER ANNUITY: This option provides monthly \$787.50 to you as long as you live. If you should die before 120 monthly te been made, the same amount will continue to be paid to your beneficiary until a onthly payments have been made in all.  AND LAST SURVIVOR ANNUITY: This option provides monthly payments of to you as long as you live. Your designated beneficiary, if living at the time of your in receive monthly payments of \$626.35 as long as he/she lives.
\$675.99 death, will the 5. <b>66 2/3% JOIN</b> \$694.25	ND LAST SURVIVOR ANNUITY: This option provides monthly payments of to you as long as you live. Your designated beneficiary, if living at the time of your neceive monthly payments of
6. <b>50% JOINT A</b> <b>\$734.</b> 05	ND LAST SURVIVOR ANNUITY: This option provides monthly payments of to you as long as you live. Your designated beneficiary, if living at the time of your neceive monthly payments of \$367.03 as long as he/she lives.

The preceding amounts are based on the following information:

Your Date of Birth:		Date of Employment:	June 29, 1998
Date of Termination:	June 30, 2008	Years of Credited Service:	10.0000
Average Monthly Earnings:	\$3,545.71		
Beneficiary Name:		Date of Birth:	

After-Tax Contributions:	\$0.00
Pre-Tax Contributions:	\$16,378.55
Interest on Contributions:	N/A
Accumulated Employee Contributions:	\$16,378.55
Nontaxable Portion of Monthly Benefit for Options	Number of Months Nontaxable
1 or 2:	Portion Continues:
Nontaxable Portion of	2.F 4
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.

BOARD OF TRUSTEES: By

full him

DATE: 1-22-08

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

PARTICIPANT'S SIGNATURE:

DATE

Calculation Date:

uly 16, 2008

### AUTHORIZATION FOR PAYMENT FROM FUND

TO:	±0 €	and the second of the second o
SUBJECT:	Authorization	n from Board of Trustees for Payment from Fund
Name of Pay	ree:	VAN C Brown
Social Securi	ty Number:	212-36-8518
Address for	Payment Purposes:	304 454 St. G. N.W.
	• <u>•</u> •••••	Brodenton, ID. 34209
Amount of P	ayment:	# 886.43
NB	Retirement benefit,	payable monthly for life, first payment to be made, 20 \ and subsequent payments the first day of each of the payee, please notify the Board of Trustee on concerning survivor benefits, if any.)
<del></del>	(Tron death of the page 1)	ayable until terminated by further written notice from Board payee, please notify the Board of Trustees for further instructivor benefits, if any.)
·	Death Benefit, paya	able to Beneficiary of Member, first payment to be mad , 20 and subsequent payments on the first da the last payment on , 20 (Upon
	the death of the paye	ee, please notify the Board for further instructions.)
· <del></del>		pretax and ratax.
The directions an	foregoing authorization	on and direction for payment has been made pursuant to rd of Trustees.
,,	-	BOARD OF TRUSTEES
ii i	-	By: flow Com-
Date of Issua	nce:	
(1 copy for Disb	oursing Agent, 1 copy for Bo	oard)
PF-7 3/1/02		

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

Participant's Name:	RONALD J. KOPER	·	
the beginning of each mor choose, but not later than	oth commencing on February 1, 20  January 1, 2014: The amount of you	on the Plan. Your benefit is payable at 09. DROP payments will end on the our monthly benefit depends on the open optional annuity form listed below the optional annuity form listed below to the option of the opt	date you
/ as long as you contributions to	CASH REFUND ANNUITY: The live. If you should die before you to the Plan, payments will continue ave been used up.	have received an amount equal to you to your beneficiary until your own co	to you ar own ntributions
payments of payments have	\$1,227.33 to you as long as you	FTER ANNUITY: This option provalive. If you should die before 120 m continue to be paid to your beneficiar all.	onthly
\$1,130.51	AND LAST SURVIVOR ANNU to you as long as you live. Your of receive monthly payments of	ITY: This option provides monthly plesignated beneficiary, if living at the \$1,130.51 as long as he/she lives	time of your
<u>\$1,163.98</u>	ND LAST SURVIVOR ANNUIT to you as long as you live. Your d receive monthly payments of	TY: This option provides monthly palesignated beneficiary, if living at the \$872.99 as long as he/she lives	time of your
<u>\$1,175.60</u>	T AND LAST SURVIVOR AND to you as long as you live. Your d receive monthly payments of	WITY: This option provides monthlesignated beneficiary, if living at the \$783.73 as long as he/she lives	time of your
\$1,199.48 death, will then	to you as long as you live. Your d receive monthly payments of	FY: This option provides monthly pa esignated beneficiary, if living at the \$599.74 as long as he/she lives.	time of your
Your Date of Birth:	based on the following information		
Date of Termination:	7	Date of Employment:	January 4, 1999
	January 31, 2009	Years of Credited Service:	10.0833
Average Monthly Earnin Beneficiary Name:			
Denenciary Name	Carol Koner	Date of Divide	

After-Tax Contributions: \$0.00	(Partie)
Pre-Tax Contributions: \$26,915.01	
Interest on Contributions: \$0.00	
Accumulated Employee  Contributions: \$26,915.01	
Nontaxable Portion of Monthly Benefit for Options  1 or 2:	Number of Months Nontaxable.  Portion Continues:
Nontaxable Portion of Monthly Benefit for Options 3, 4, 5 or 6:	Number of Months Nontaxable  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.

The state of the s

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: January 26, 2009



July 22, 2011

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

Fax: 813-227-2070

Regarding Ronald J. Koper

SS #

General Employees' Retirement Plan & DROP

Dear Charlie:

Enclosed please find the signed benefit choice preparing monthly retirement benefits for Ronald J. Koper. Mr. Koper is also leaving the DROP and is rolling his DROP account over to Smith Barney FBO Ronald J. Koper, P.O. Box 89909 Tampa, FL 33689. The amount is \$41,390.39 Also enclosed is the Lump Sum Distribution Form, Application for Service Retirement Benefits, Notification of Benefits Payable, Payout Options From DROP, IRA application from Grow Financial, W-4P, Authorization for payment from fund, copy of a void check and AFT forms for direct deposit for his monthly benefit of \$1,277.27 and Authorization for deductions from his monthly benefit check for Dental insurance @ \$19.96 per month and life insurance @ \$.20 per month.

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

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

### CITY OF PALMETTO GENERAL EMPLOYEES' RETRIEMENT 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"):

Taxab Total	le Amoi Amount	int \$ 41, 3 90.39 Non-taxable Amount \$
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.
:0	В.	The System is directed to mail 160% 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.  polled over to the First/Second Trustee or Plan (to traditional IRA, Roth IRA or 401(a) plan)*
	Ĉ.	The System is directed to mail \$\square\$ 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.
ن.	Signatu	A surviving spouse may elect any option the deceased member could have made. A non-spouse may may only rollover to a regular IRA or Roth IRA and cannot rollover the payment himself.  Social Security Number  7/22/20// Name of Member or Beneficiary  The Agreement of Receiving Trustee or Plan below must be completed if

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 preceipt of the special tax notice and that I have been provided with information clearly indicating that I have a 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.

or Beneficiary

PF-17 09-19-08

II.

Page 1 of 2

To be completed by the Authorized representative of the receiving Plan or IRA:

### AGREEMENT OF RECEIVING TRUSTEE OR PLAN

In accordance with the above authorization of the Transferor, we agree to deposit the forthcoming rollover amount from the City of Palmetto General Employees' Retirement Plan into the following plan or account: Type of Plan or Account receiving rollover (check one):

*	401(a)	[401(k), profit-sharing plan, defined benefit plan, money purchase plan, other "eligible employer plan"]
	403(a)	[annuity plan]
	403(b)	[tax-sheltered annuity]
		[eligible deferred compensation plan maintained by government employer]

408A [Roth IRA] If rollover includes after-tax contributions to a 401(a) eligible employer plan, the receiving 401(a) plan hereby agrees to accept such rollovers and agrees to separately account for such amounts rolled over including separate accounting for the after-tax employee contributions and earnings on these contributions.

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

\_ 408(a) [Traditional IRA (not Simple IRA or a Coverdell Education Savings Account)]

Authorized Signature Smite Barrey FBO Ronald J. Kaper. St. AISSIE Harn, Branch, Bed Name and Title of Authorized Representative Branch Supervisor P.O. Box 89909 Mailing Address lan State

Return to:

City of Palmetto General Employees' Retirement Plan Post Office Box 1209 Palmetto, Florida 34220-1209

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."

PF-17 09-19-08

Page 2 of 2

### APPLICATION FOR SERVICE RETIREMENT BENEFITS

Name of Employee:	Youard -	1. Kopu		
Social Security Number:	221-30-	1888		<del>a</del>
Date of Employment:	1-4-99	Date of Bir	th: <u>9~13-</u>	46.
Permanent Address:	305 124	Are. W.	, nr	رين جي العالم العال العالم العالم
<u></u>	Nadinton	<u>, Ja. 34</u>	209	10 to
Daytime Phone Number:	9นเ-าอ	3-4580		
Type of benefit for which  * Normal (	iΨ.			
* Early (	3	No		**************************************
I plan to retire or e	nter the DROP or	1 —	71,5000	Surg S
Last date of work:	· · · · · · · · · · · · · · · · · · ·		·	•
If Joint and Survivo	r option is to be	calculated, name o	of joint annuitant	**************************************
Relationship:		·	3 4 2	
Social Security Nur	nber:	#1		# * .
* Date of Birth:				-
Address:				
* Attach birth certific	ate or driver's lic	ense for proof of a	ige	

I hereby request that the Board of Trustees calculate my retirement options based on the information provided above. I understand I will make my final retirement option selection upon receipt of the calculation of the monthly amounts for the various benefit options.

PF-4 3/1/02 Page 1 of 2

I hereby certify that the preceding statements are true and correct to the best of my knowledge. I also certify that I will adhere to the requirements of the Plan. I understand a false statement may disqualify me for benefits.

This application revokes any prior application.

Signature:

STATE OF Journal

COUNTY OF Manate

The foregoing instrument was sworn before me this 13 day of \_\_\_\_\_\_, 2009by who is personally known to me of who has procured as identification, and who did take an oath.

Notary Public Sharen C. Jones Sharen C. Jones Cammission # DD 438183

My commission expires: June 07, 2009

Bonded Three Adjuncts Bonding Co., Inc.

PF-4

<del></del>	GENERAL EMPLOYEES' RETTREMENT	SYSTEM
	PAY-OUT OPTIONS FROM DROI	
DROP Account.	WALD O. KOPER make the following p	ay-out option selection from my
<u> </u>	A full and single lump sum distribution.	7
	Purchase of a non-forfeitable fixed annuity pu	rsuant to the attached election
X	Rollover the balance to another qualified retire such as an IRA	ement plan (as permitted by law)
The distrib	utions from my DROP Account may be subject to peng or liabilities required by law.	malties, income tax withholding,
be paid out in ac selected by the fore	e before my DROP Account balance is distributed, cordance with DROP Attachment A. The pay-ou going shall be in addition to any payments payable a riedge that this contingency applies only to the balan be construed to give the recipient any rights toward.	coording to the retirement option ace of my DROP Account and at

STATE OF FLORIDA COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 19th day of who is lly known to me or who produced a \_\_\_\_\_ as identification and who did not take

NOTARY PUBLIC-STATE OF FLORIDA
Deanna F. Roberts
Commission # DD897960
Expires: JUNE 10, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

### AUTHORIZATION FOR PAYMENT FROM FUND

TO:

SUBJECT:	Authorization from Board of Trustees for Payment from Fund
Name of Payee:	ROUNCO J. KOPER
Social Security Numb	er: 221-30-1888
Address for Payment l	Purposes: 7305 12th AVE W.
	BRADENTON, FL 34209
Amount of Payment:	#1277.27
thereafter. (U	benefit, payable monthly for life, first payment to be made 20 // and subsequent payments the first day of each month pon death of the payee, please notify the Board of Trustees for further cerning survivor benefits, if any.)
Disability bene death of the pa survivor benefi	efit, payable until terminated by further written notice from Board. (Upon yee, please notify the Board of Trustees for further instruction concerning its, if any.)
	fit, payable to Beneficiary of Member, first payment to be made  , 20 and subsequent payments on the first day of each e last payment on 20 (Upon the death of the otify the Board for further instructions.)
Refund of Men tax.	nber Contributions, including pretax and after
The foregoing a and authority of the Bo	authorization and direction for payment has been made pursuant to directions ard of Trustees.
	BOARD OF TRUSTEES
	By: July
Date of Issuance:	
(1 copy for Disbursing Ager	nt, I copy for Board)
PF-7 01-28-08	

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

Participant's Name:	RONALD J. KOPER	er de de la de En de la	a <sub>c</sub>
You are eligible	for a(n) Normal Retirement from	the Plan. Your benefit is payable at	t.
the beginning of each month	commencing on February 1, 20	09. DROP payments will end on the	date vou
choose, but not later than Jar	nuary 1, 2014. The amount of yo	our monthly benefit depends on the o	intional form
of annuity which you choose	. Please check and initial the or	e optional annuity form listed below	that
you elect to receive:	*	S. Abitonia de distribuit de la constanta de l	1 2 2 2 3
			* *
MODIFIED CA	SH REFUND ANNUITY: TI	nis option provides payments of	\$1,277.27 to you
as long as you liv	e. If you should die before you	have received an amount equal to yo	ur own.
contributions to t	he Plan, payments will continue	to your beneficiary until your own c	ontributions
with interest have	e been used up.		at a second
ч	er e e e e e e e e e e e e e e e e e e		s, ≥e
TEN VEAD CE		all a state of the	la di maria di maria Tanggiorna di maria d
Z. I EN YEAR CE	KTAIN AND LIFE THEREA	FTER ANNUITY: This option pro	vides monthly
payments of 9	1,227.33 to you as long as you	u live. If you should die before 120 i	nonthly
payments have be	een made, the same amount will	continue to be paid to your beneficia	ry until a
total of 120 mont	thly payments have been made in	nall.	eria. Programa de Maria
3.		A SECTION ASSESSED.	
3 100% IOTNT A	ND I ACT CIDATION AND	The state of the s	
	ND LAST SURVIVUR ANNU	ITY: This option provides monthly	payments of
\$1,130.51 to	you as long as you live. Your	designated beneficiary, if living at the	
death, will then re	eceive monthly payments of	\$1,130.51 as long as he/she live	<b>:s.</b>
4 75% JOINT AN	T ACT CIDVIVAD ANNIH	TY: This option provides monthly p	آخرین دین
\$1,163.98 to	DUASI SURVIVORAINIUI	11: This option provides monthly p	ayments of
dooth will they as	you as long as you live. Your o	designated beneficiary, if living at the	
deadi, will then re	eceive monthly payments of	\$872.99 as long as he/she live	Sir i ja ja i i i i i i i i i i i i i i i i
	e ,.	and the second of the second o	5 9 t
5. 66 2/3% JOINT	AND LAST SURVIVOR AND	NUITY: This option provides month	: 12. f
\$1,175.60 to	VOIL as long as you live Vous	lesignated beneficiary, if living at the	lly payments of
death will then re	eceive monthly payments of		
dodui, will dich re	ceive monthly payments of	\$783.73 as long as he/she live	S.
esi a	. "		e e
6. 50% JOINT AN	DILAST SURVIVOR ANNUI	TY: This option provides monthly p	، غد مدسد
\$1,199.48 to	you as long as you live Your	lesignated beneficiary, if living at the	ayments of
death, will then re	eceive monthly payments of	esignated beneficiary, it fiving at the	time of your
		\$599.74 as long as he/she live	S
The preceding amounts are be	ased on the following information	n:	
Your Date of Birth:	September 13, 1946	Date of Employment:	January 4, 1999
Date of Termination:	January 31, 2009	Years of Credited Service:	10.0833
Average Monthly Earnings	\$5,066.89		
Beneficiary Name:	Carol Koper	Date of Birth:	August 29 1945

After-Tax Contributions:	\$0.00	REPLACE PRESENT OF THE PARTY OF
Pre-Tax Contributions:	\$26,915.01	
Interest on Contributions:	\$0.00	
Accumulated Employee		
Contributions:	\$26,915.01	The state of the s
Nontaxable Portion of	No. of the last of	A CONTRACTOR OF CASE OF THE PARTY OF THE PAR
Monthly Benefit for Options	Nu	mber of Months Nontaxable
1 or 2:	1	tion Continues:
Nontaxable Portion of		
Monthly Benefit for Options	Nu	mber of Months Nontaxable
3, 4, 5 or 6:		tion 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:

DATE:

Calculation Date: January 26, 2009

### City of Palmetto General Employees' Retirement System

#### Notification of Normal Retirement Benefits (Final as of August 2, 2011)

Member's Name: Bradley Martin

Benefit Rate: 2.50% per Year of Credited Service

Date of Birth: March 19, 1948

 Calendar Year Earnings History

 2011
 35,097.07

 2010
 40,827.77

 2009
 39,768.45

 2008
 39,410.38

 2007
 37,329.08

 2008
 15,935.41

15,935.41 (Partial Year)

Years of Credited Service: 13.3781

Average Final Compensation: \$3,472.80

Actuarial Value of Benefit: \$138,946.18

Benefits Payable as of August 1, 2011

	1					
<b>_</b>		PLOP Option				
Form of Benefit	<del></del>	0%	10%	15%	20%	25%
Lump Sum Amount		\$0.00	\$13,894.62	\$20,841.93	\$27,789.24	\$34,736.54
		Monthly Benefits After PLOP Lump Sum Payment				
For Retiree's Lifetime Only		1,161.49	1,045.34	987.26	929.19	871.11
For Retiree's Lifetime with 120 Payments Guaranteed		1,120.13	1,008.12	952.11	896.10	840.10
Social Security Option* to Age 68 (For Retiree's Lifetime Only)	Before 4/1/14 4/1/14 and After	1,730.63 979.01	1,557.56 881.11	1,471.03 832.16	1,384.50 783.21	1,297.97 734.26

<sup>\*</sup>The Member may obtain an accurate determination of Social Security benefits from the Social Security Administration.
\*The amounts shown are payable regardless of actual Social Security benefits.



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@palmettoff.org

c-mail: cngeneral@paimeno Web: www.palmettofl.org

August 5, 2011

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

Fax: 813-227-2070

Regarding Bradley W. Martin

SS#

General Employees' Retirement Plan

Dear Charlie:

Enclosed please find the benefit choices prepared by Foster & Foster for monthly benefits for retirement for Bradley Martin. Mr. Martin's choice for his monthly benefit is "For Retirees Lifetime Only." The amount is \$1,161.49. Also enclosed are the beneficiary designation form, W-4P, Authorization for payment from fund, copy of a void check and AFT forms for direct deposit & deduction authorization for Health Insurance at \$651.45 per month and Dental insurance @ \$23.82 per month.

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

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

10:	
SUBJECT: Authorization	from Board of Trustees for Payment from Fund
Name of Payee:	13 mas La Contra
Social Security Number:	A CONTRACT OF THE CONTRACT OF
Address for Payment Purposes:	ZOGO & ON OURSESSOR DE
	38205-500 5- 36248
Amount of Payment:	\$ 1,161.49
Retirement benefit, pay	able monthly for life, first payment to be mad
thereafter. (Upon death of instruction concerning survivo	0 and subsequent payments the first day of each month the payee, please notify the Board of Trustees for furthe or benefits, if any.)
Disability benefit, payable ur death of the payee, please no survivor benefits, if any.)	ntil terminated by further written notice from Board. (Upor tify the Board of Trustees for further instruction concerning
Death Benefit, payable t	o Beneficiary of Member, first payment to be made 20 and subsequent payments on the first day of each on, 20 (Upon the death of the for further instructions.)
	•
Refund of Member Contributi	ons, including pretax and afte
The foregoing authorization ar and authority of the Board of Trustees	nd direction for payment has been made pursuant to directions.
	BOARD OF TRUSTEES
	By: Jank
Date of Issuance:	
(I copy for Disbursing Agent, I copy for Boa	rd)
PF-7 01-28-08	

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

TO:			
SUBJECT: A	uthorization from Board of Trus	stees for Payment from	Fund
Name of Payee:	13mm	y co. The	272
Social Security Number	<u></u>		
Address for Payment Pu	rposes: 5060 x	CW 500	
	30000	7000 F	<u> </u>
Amount of Payment:	\$ 1,161	. 49	
Retirement be	enefit, payable monthly f , 20 and subseq on death of the payee, please	or life, first paym quent payments the first	nent to be made t day of each month
instruction conce	rning survivor benefits, if any.)	nomy the board of I	rusices for further
Disability benefit death of the payor survivor benefits	t, payable until terminated by fee, please notify the Board of T, if any.)	urther written notice f rustees for further inst	from Board. (Upon truction concerning
— —	t, payable to Beneficiary of , 20 and subs last payment on if the Board for further instruc	equent payments on the	he first day of each
Refund of Memb	er Contributions, including	pretax and	aftera
The foregoing au and authority of the Boar	thorization and direction for paying of Trustees.	ment has been made pu	rsuant to directions
	ВО	ARD OF TRUSTEES	_
	Ву:	Jan Mes	
Date of Issuance:			
(1 copy for Disbursing Agent,	I copy for Board)		

PF-7 01-28-08