

TAB 2

Payment Of Plan Expenses

Mail to: First State Trust Co., Delaware Corporate Center II, 2 Righter Pkwy, #250 - Wilmington, DE 19803
FAX NO.: (302)573-5986

City of Palmetto Pension Fund

Account Number	Investment Option	Amount
70000293	C/D	\$ <u>1,033.25</u>

PAY CHECK TO:
Christiansen & Dehner, PA
(PAYEE)

(PAYEE)

MAIL CHECK TO:
63 Sarasota Center Blvd, Suite 107
(COMPANY NAME, IF DIFFERENT THEN PAYEE)
Sarasota, FL 34240
(ADDRESS)

For Payment to Incorporated payees: (check one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Recordkeeping Fee (353) | <input type="checkbox"/> Accounting Fee (343) | <input type="checkbox"/> Actuarial Fee (340) | <input type="checkbox"/> Insurance Premium (356) |
| <input type="checkbox"/> Legal Fee (341) | <input type="checkbox"/> Trustee Fee (347) | <input type="checkbox"/> Audit Fee (342) | <input type="checkbox"/> Management Fee (344) |
| <input type="checkbox"/> Insurance Premium PBGC Fee Period Beginning: ___/___/___ (355) | | | |

For Payment to payees Not Incorporated: (check one)

Payee Employer #: _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Recordkeeping Fee (454) | <input type="checkbox"/> Accounting Fee (450) | <input type="checkbox"/> Actuarial Fee (448) | <input type="checkbox"/> Management Fee (451) |
| <input checked="" type="checkbox"/> Legal Fee (341) | <input type="checkbox"/> Trustee Fee (452) | <input type="checkbox"/> Audit Fee (449) | <input type="checkbox"/> Other Fees (455) |

Further Description: _____

PLEASE NOTE: APPLICABLE INVOICE MUST ACCOMPANY THIS REQUEST

The initials in the box to the left authorize you to act on these instructions sent via fax. Original will not follow.

J.S.

IMPORTANT NOTICE

Please read before signing

First State Trust Company will not be responsible for transaction requests sent via facsimile which are not received by us due to mechanical or other problems with transmission.

The undersigned hereby represents that the plan sponsor of the above referenced plan is the "named fiduciary" (within the meaning of Section 402 (1)(2) of the Employee Retirement Income Security Act of 1974, as amended [ERISA]) of the plan and that the undersigned has been duly authorized to make the above direction on behalf of the named fiduciary. The undersigned hereby certifies that the above direction made in accordance with the Plan and is not in violation of ERISA or any regulations promulgated thereunder.

X Loren Simpson 9.4.12
Authorized Signature (if app.) Date

X [Signature] 9.4.12
2nd Authorized Signature (if app.) Date

FSTC INTERNAL USE ONLY

Trust Admin Approval By: _____	Date: ___/___/___	Completed By: _____	Date: ___/___/___
Prep Completed By: _____	Date: ___/___/___	TRN#: _____	Check#: _____
		QC By: _____	Date: ___/___/___

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard
Suite 107
Sarasota, FL 34240-

941-377-2200
Phone

941-377-4848
Fax

June 30, 2012

City of Palmetto General Employees'
Retirement Plan
PO Box 1209
Palmetto, FL 34220-1209
ATTN: Diane Ponder

Invoice Number

In Reference To: General Employees' Pension Plan

9421

21457

Professional Services

	<u>Hours</u>	<u>Amount</u>
6/4/2012 Preparation and attendance at Board Meeting.	1.70	574.60
Travel Time	0.80	135.20
6/6/2012 Review MSSB contract amendment and e-mail approval.	0.30	101.40
6/18/2012 Trustee Training	0.50	169.00
6/21/2012 Preparation of memorandum on avoidance of benefit overpayments.	0.10	33.80
For professional services rendered	3.40	\$1,014.00

Additional Charges :

	<u>Qty</u>	
6/4/2012 Car Expense	1	13.75
Food Expense	1	5.50
Total additional charges		\$19.25

Total amount of this bill

\$1,033.25

Balance due

\$1,033.25

** Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses".. Thank you.

**Please indicate account number(s) with payment.
(Please Deduct any payments not reflected in Balance due)**

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard
Suite 107
Sarasota, FL 34240-

941-377-2200
Phone

941-377-4848
Fax

July 31, 2012

City of Palmetto General Employees'
Retirement Plan
PO Box 1209
Palmetto, FL 34220-1209
ATTN: Diane Ponder

Invoice Number

In Reference To: General Employees' Pension Plan

9421.

19315

	<u>Amount</u>
Previous balance	\$1,033.25
Balance due	<u><u>\$1,033.25</u></u>

** Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

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FAX NO.: (302)573-5986

City of Palmetto Pension Fund

Account Number	Investment Option	Amount
70000293	C/D	\$ <u>2,711.80</u>

PAY CHECK TO:
Florida Municipal Trust
(PAYEE)

(PAYEE)

MAIL CHECK TO:
Post Office Box 1757
(COMPANY NAME, IF DIFFERENT THEN PAYEE)
Tallahassee, FL 32302
(ADDRESS)

For Payment to Incorporated payees: (check one)

- | | | | |
|---|---|--|---|
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X Karen Simpson 8/30/12
Authorized Signature (if app.) Date

X [Signature] 8/30/12
2nd Authorized Signature (if app.) Date

FSTC INTERNAL USE ONLY

Trust Admin Approval By: _____	Date: ___/___/___	Completed By: _____	Date: ___/___/___
Prep Completed By: _____	Date: ___/___/___	TRN#: _____	Check#: _____
		QC By: _____	Date: ___/___/___

**INVOICE
SPECIAL COVERAGES**

8/3/2012 FMIT# 0460

Ms. Karen Simpson
Deputy Clerk of Finance
City of Palmetto
516 8th Avenue West
Palmetto, FL 34221

MAKE CHECKS PAYABLE TO:

**FLORIDA MUNICIPAL INSURANCE TRUST
POST OFFICE BOX 1757
TALLAHASSEE FL 32302-1757**

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR CHECK BY 9/14/2012.
IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 9/14/2012, THE POLICY IS SUBJECT TO CANCELLATION
FOR NON-PAYMENT OF PREMIUM BY THE INSURER.**

DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
A-3 BONDS FIDUCIARY LIABILITY GENERAL EMPLOYEES RETIREMENT PLAN PORTION TOTAL LIMIT: \$1,000,000	U712-51093	10/1/2012	10/1/2013
<u>PREMIUMS</u>			
BASE PREMIUM:			\$2,677.00
ADDITIONAL INSURED(S):			
TERRORISM:			
INSPECTION FEE:			
POLICY FEE:			
1.3% FL CAT SURCHARGE:			34.80
FEEES:			
<u>TOTAL POLICY PREMIUM:</u>			<u>\$ 2,711.80</u>

Ancillary insurance coverage includes any insurance coverage not currently available directly from the Florida Municipal Insurance Trust. When the Florida League of Cities, Inc. acts as intermediary or agency in facilitating ancillary insurance coverage for a member with a third party insurer, the Florida League of Cities, Inc. shall not be liable to the member if the third party insurer becomes insolvent at any time after coverage has commenced. The Florida League of Cities, Inc. shall use reasonable skill and judgment in securing any such ancillary insurance coverage. However, it is not a guarantor of the financial condition of any third party insurer and is entitled to reasonably rely upon generally accepted financial, actuarial and/or insurance industry data when facilitating ancillary insurance coverage.