

**CITY OF KEY WEST GENERAL EMPLOYEES'  
PENSION FUND**

**DEFERRED RETIREMENT OPTION PLAN (DROP)  
EXTENSION APPLICATION/AGREEMENT**

DATE: \_\_\_\_\_, 20 \_\_\_\_

TO: Board of Trustees

\_\_\_\_\_  
Name

In accordance with the provisions of the ordinance governing the operation of the City of Key West General Employees' Pension Fund, the undersigned hereby makes voluntary application to extend his/her participation in the Deferred Retirement Option Plan (DROP) for a period no later than eight (8) years from the date of first participation in the DROP.

In exchange for my DROP extension, I acknowledge and agree to the following:

- I agree that my participation in the DROP will begin on my retirement date and will not extend beyond \_\_\_\_\_, which date is no later than eight (8) years from my original effective retirement date. I hereby irrevocably elect to resign from employment effective as of the date stated in this paragraph if I have not already terminated employment prior to that date.
- I acknowledge receipt of this DROP extension Application/Agreement. By signing this form, I accept responsibility to review and understand all the provisions of the Application/Agreement and the City of Key West Police and Fire Pension Fund. I also acknowledge that the Board of Trustees of the City of Key West General Employees' Pension Fund does not act as my legal or financial advisor in this DROP extension Application/Agreement and that all decisions are my responsibility and that I have been advised to seek independent legal and financial advice.

\_\_\_\_\_  
Signature of Applicant

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 , by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public