

Part 2

I understand that I may claim retirement credit for police officer service that was earned in another public pension system provided I will not be eligible to receive a benefit in that public pension system. I was employed by the following employer(s) on the date(s) indicated:

Prior Public Employer	Employment Dates
_____	_____
_____	_____
_____	_____
_____	_____

I was a certified police officer during all periods listed above.

Part 3 Certification

I hereby certify that the above information is true and correct and authorize the administrator of the applicable retirement system to provide the Sunrise Police Officers' Retirement Plan with the information requested in Section B and any other data that they may require.

Member's Signature

Date

Note: If you intend to rollover funds from another pension source in order to purchase all or part of this service credit, you must complete Form PF-20, Rollover Request/Certification.

Please return completed form to:

**Sunrise Police Officers' Retirement Plan
13790 N. W. 4th Street
Ste. 105
Sunrise, Florida 33325**

In no event may Credited Service be purchased for prior service with any other municipal, county or state law enforcement department, if such prior service forms or will form the basis of a retirement benefit or pension from a different employer's retirement system or plan.

SECTION B: PRIOR PUBLIC EMPLOYER SERVICE VERIFICATION FORM

Member Name: _____ Member SS#: _____

Maiden or Other Names Used: _____ Birthdate: _____

Please certify the dates of retirement covered employment. Florida law does not allow members to receive credit for prior public employment in both the Sunrise Police Officers' Retirement Plan and a different employer's public pension system. Please answer the following questions and return this form so we may determine the member's eligibility to purchase prior public service credit.

Dates of Service Mo/Day/Yr (MM/DD/YY) From To		# Mos Worked	Full-time Employment?	Certified police officer?
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No

1. Is your pension plan a defined benefit plan? ___ Yes ___ No
2. Is your pension plan a defined contribution plan? ___ Yes ___ No
 - a. If your plan if a defined contribution plan, were employer contributions made on the individual's behalf? ___ Yes ___ No
 - b. If yes, what is the status of those contributions? _____
3. Is the member eligible to receive a benefit from your system, now or in the future? ___ Yes ___ No
4. Does the member have credit in your system for service in another employers' plan? ___ Yes ___ No

If yes, please list the system and year(s) below:
 System: _____ From: _____ To: _____
5. Has the member closed his retirement account? ___ Yes ___ No
 - a. If no, please explain _____
 - b. If applicable, when were the member's contributions withdrawn? ___/___/___

I certify that the above information was taken from the official records of _____ (Name of system), which is a public retirement or pension system.

Signature: _____ Phone: _____

Print Name: _____ Address: _____

Title: _____ Date: _____

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.