



City of Hollywood Police Officers' Retirement System

Notice of Optional DROP Investment Return

The following information is very important and is being provided to you on behalf of the Board of Trustees for the City of Hollywood Police Officers' Retirement System (*hereafter referred to as: the System*). Please take the time to carefully review this notice, as it could affect your DROP rate of return.

As of October 1, 2018¹, the System allows DROP members the option to select a fixed rate of return (*hereafter referred to as: FRR*) or a variable rate of return (*hereafter referred to as: VRR*). The FRR is based on the actuarial assumed rate of return for the System, which is currently set at 6%. The VRR is based on the actual earnings of the System, and can go up or down, based on investment market conditions. Account is subject to administrative fee as determined by the Board of Trustees.

You may change your drop investment option (example: FRR to VRR or VRR to FRR) monthly. This form must be updated by you and received by the Office of Retirement by the 15th of the month for the change to take place the next month. If the form is received after the 15th of the month, it will be held till the next cycle. For example: If a completed DROP Investment form is received on August 14th, of the month, the change requested will take place on September 1st. If a completed DROP Investment form is received on August 16th, of the month, the change requested will take place on October 1st.

The Board of Trustees recommends that you consider all your options before making a selection and consult your financial advisor for direction.

DROP MEMBER SELECTION DATA

Member Name: _____

I elect to invest my DROP Account with a fixed rate of return

I elect to invest my DROP Account in the variable rate of return

By signature below, I acknowledge the requirements outlined herein. I hold harmless the System for any investment option exercised. I attest that no one affiliated with the System provided me investment advice whatsoever. I also acknowledge that it has been recommended that I consider all my options before making a selection, and I may consult with a financial advisor for direction prior to making any decision.

Member's Signature

Date of Selection: ____/____/____

Office use only

Received By: _____ Date: ____/____/____

Effective Date: January February March April May June July
 August September October November December

¹ Effective Date of Collective Bargaining Agreement