

# Request for Buyback Calculation

I, \_\_\_\_\_ (please print your name) hereby authorize the City Pension Fund for Firefighters and Police Officers in the City of Pembroke Pines to request an Actuarial Buyback Calculation on my behalf. I understand that the governing ordinance allows me to purchase a maximum of four (4) additional years of credited Plan Service, if it falls within the eligible categories specified by ordinance. I wish to purchase the following eligible service:

\_\_\_\_\_ **ACTIVE MILITARY SERVICE** - Active duty service in the Armed Forces or Merchant Marines of the United States prior to employment with the City of Pembroke Pines. **A legible copy of Form DD-214 is attached as proof of military service.**

\_\_\_\_\_ **PRIOR POLICE SERVICE** - Prior service as a certified police officer in the United States. **Correspondence from my former employer is attached as proof of police service.**

\_\_\_\_\_ **PRIOR CORRECTIONAL SERVICE** - Prior service as a certified corrections officer in the United States. **Correspondence from my former employer is attached as proof of correctional service.**

I understand that payments for purchased service may be made as listed below.

- Lump Sum payment
- In-service transfer from a deferred compensation account
- Payroll Deductions
- Any combination of the above forms of payment

Purchased service will only be credited after I am vested in the pension plan. If I separate from service with the City prior to vesting, all monies paid towards the purchase of additional service will be refunded.

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## *IMPORTANT*

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- The buyback results I receive will only be valid for approximately 30 days. If I decide to implement the requested buyback at a later date, the cost to me will increase.
- I am responsible for ensuring that payroll deductions start and continue as indicated in my payment plan. Any payroll errors do not negate my responsibility to complete the payment plan.
- I have the right to stop my payment plan at any time. However, if I would like to restart payments at a later date, a new actuarial calculation is required and the cost to me will increase.

### Service Period Requested

1-4 years, up to the maximum available to me

This specific timeframe:  
\_\_\_\_\_

### Payment Methods (Please check all that apply)

Lump Sum Payment for Full Amount

Payroll Deduction

I will make a Cash Down Payment of \$\_\_\_\_\_

I will transfer \$\_\_\_\_\_ from my DC account.

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Signature

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Date