CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND

CALENDAR OF ITEMS

REGULAR BOARD MEETING APRIL 28, 2020

SECTION 1 OF 2

CALENDAR ITEMS 1 – 3D

AGENDA ITEM 1 CALL TO ORDER

(NO BACKUP FOR THIS SECTION)

AGENDA ITEM 2 ROLL CALL PLEDGE OF ALLEGIANCE

AGENDA ITEM 2.A. AGENDA ADOPTION



CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND

2600 Hollywood Blvd. • City Hall Annex Building, 2ND Floor, Room 20 • Hollywood, FL 33020 (954) 921-3333 • (954) 921-3332 Fax • www.hollywoodpension.com

AGENDA REGULAR PENSION BOARD MEETING TUESDAY, APRIL 28, 2020 at 9:00 AM CITY HALL ANNEX, ROOM 20, 2600 HOLLYWOOD BOULEVARD

- 1. CALL TO ORDER
- 2. ROLL CALL AND PLEDGE OF ALLEGIANCE
 - A. Agenda Adoption
- 3. CONSENT AGENDA
 - A. February 25, 2020 Regular Meeting Minutes
 - B. March 31, 2020 Informational Meeting Minutes
 - C. April 7, 2020 Special Meeting Minutes
 - D. Ratification of Distributions (Contributions and DROP) and Plan Expenses
 - E. Approval/Ratification of New Retirements/DROP/Vested/Death Annuities
- 4. FINANCIAL
 - A. Financial Reports and Investment Summary
- 5. INVESTMENT (Segal Marco Advisors)
 - A. Board Insurance Update
 - B. ALM Study
 - C. Work Plan 2020
 - D. March 2020 Flash Performance Report
- 6. LEGAL (Ron Cohen Rice, Pugatch, Robinson, Storfer and Cohen.)
 - A. Emily Glover, individually and as Personal Representative of the Estate of George Glover v. Ferihaja Kolari, City of Hollywood Employees' Retirement Fund and City of Hollywood
 - B. Request for Executive Session to Discuss Pending Litigation Emily Glover, individually and as Personal Representative of the Estate of George Glover v. Ferihaja Kolari, City of Hollywood Employees' Retirement Fund and City of Hollywood

7. EXECUTIVE DIRECTOR'S REPORT

- A. City Commission Communication
- B. Administrative Considerations
 - i. Recoupment of overpayment to a member
- C. Communications from the Executive Director
- 8. PUBLIC COMMENTS
- 9. TRUSTEE REPORTS, QUESTIONS AND COMMENTS
- 10. ADJOURNMENT

PERSONS WITH DISABILITIES WHO REQUIRE REASONABLE ACCOMMODATION TO PARTICIPATE IN AN EMPLOYEES' RETIREMENT FUND BOARD MEETING MAY CALL THE PENSION OFFICE FIVE (5) BUSINESS DAYS IN ADVANCE AT 954-921-3333 (VOICE). IF AN INDIVIDUAL IS HEARING OR SPEECH IMPAIRED, PLEASE CALL 800-955-871 (V-TDD).

ANY PERSON WISHING TO A PPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT SUCH MEETING WILL NEED A RECORD OF THE PROCEEDINGS, AND FOR SUCH PURPOSES MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS MADE.

THIS MEETING MAY BE CONDUCTED BY MEANS OF OR IN CONJUNCTION WITH COMMUNICATION MEDIA TECHNOLOGY, THE TYPE BEING A SPEAKER TELEPHONE.

IN COMPLIANCE OF STATE LAW, THE BOARD OF TRUSTEES FINDS THAT A PROPER AND LEGITIMATE PURPOSE IS SERVED WHEN MEMBERS OF THE PUBLIC HAVE BEEN GIVEN A REASONABLE OPPORTUNITY TO BE HEARD ON A MATTER BEFORE THE BOARD. THEREFORE, THE BOARD OF TRUSTEES HAVE DETERMINED AND DECLARED THAT THEY WILL ALLOW THE PUBLIC TO COMMENT; HOWEVER, EACH PERSON IS LIMITED TO NO MORE THAN (3) THREE MINUTES TO COMMENT AT EACH MEETING.

**TWO OF MORE MEMBERS OF ANY OTHER CITY BOARD, COMMISSION, OR COMMITTEE, WHO ARE NOT MEMBERS OF THE EMPLOYEES' RETIREMENT FUND BOARD MAY ATTEND THIS MEETING AND MAY, AT THAT TIME, DISCUSS MATTERS ON WHICH FORESEEABLE ACTION MAY LATER BE TAKEN BY THEIR BOARD, COMMISSION, OR COMMISSION, OR COMMITTEE.

AGENDA ITEM 3.A. CONSENT AGENDA

FEBRUARY 25, 2020 REGULAR MEETING MINUTES

MINUTES REGULAR PENSION BOARD MEETING CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND TUESDAY, FEBRUARY 25, 2020 AT 9:00AM

1. CALL TO ORDER

Chair Shaw called the meeting to order at 9:05a.m.

2. ROLL CALL AND PLEDGE OF ALLEGIANCE

Board Members present: Chair Phyllis Shaw, Vice Chair George Keller, Secretary Robert Strauss, Christopher Cassidy, Jeffery Greene (left at 12:50pm), Charles Howell, and Cynthia Ramos (left at 9:33am, returned at 10:12am, left at 12:35pm). Also present: Executive Director Christine Bailey; Keith Reynolds, Alan Kosan and John Ross (telephonically) of Segal Marco; Matthew Jackson of Segal (telephonically) and Ronald Cohen of Rice Pugatch Robinson Storfer & Cohen.

a. February 25, 2020 Regular Board Meeting Agenda

MOTION made by Trustee Greene, seconded by Trustee Cassidy, to adopt the February 25, 2020 Regular Board Meeting Agenda. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

3. CONSENT AGENDA

- A. December 10, 2019 Annual Meeting Minutes
- B. Ratification of Distributions (Contributions and DROP) and Plan Expenses
- C. Approval/Ratification of New Retirements/DROP/Vested/Death Annuities

Agenda Item 3a. – Trustee Strauss noted that he was present at the last meeting and did not participate by phone as reflected in the minutes.

MOTION made by Trustee Greene, seconded by Trustee Strauss, to approve Consent Agenda Items 3a through 3c with the amendment to the minutes to reflect Trustee Strauss' presence. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

4. FINANCIAL

a. Ms. Bailey provided the Board with the Draft January 31, 2019 Financial Operations and Investment Summaries. Trustee Strauss noted that the opening balances as of October 1, 2019 had changed from prior reports. Ms. Bailey advised the Board that the opening balances were in fact incorrect, and provided the board with a corrected Draft report. She assured the Board that the error would have been discovered before the final draft through the reconciliation process. She also provided the Budget Variance Report as of January 31, 2019.

5. INVESTMENT (Keith Reynolds, Alan Kosan and John Ross – Segal Marco)

a. Board Insurance Update

Matthew Jackson granted permission to record his participation at the meeting. Mr. Jackson provide details of the proposed Workplace Violence and Assailant Insurance Coverage, including Segal's recommendation to bind coverage with Indian Harbor Insurance Company. The Board noted that there were several names throughout the proposed policy including X.L. and AXA. Mr. Jackson noted that they were all subsidiaries of AXA.

Mr. Jackson noted that the policies were non-admitted which meant that the policies had not been filed with or approved by the Florida Insurance Commissioner and that a downside of not filing with the State was that the policy would not be part of the State Guaranteed Fund. If the carrier was to go under, the State would not provide coverage for any claims not covered by Indian Harbor. He also noted that there were additional fees of 0.5%-5% of the premium which could change annually. In response to a question. Mr. Jackson also noted that X.L. was a standalone carrier. He noted that they are rated A+ and are one of the largest carriers in the world.

The Board discussed various levels of overall per incident and per person coverage, and questioned exactly what was being covered by the proposed policy. The Board requested

a breakdown of what is covered, what are the sub-limits, and how are those sub-limits affected by the various limits on liabilities. The Board also requested information on what may be covered by other Fund or City policies, and the definition of weapon. Once the additional information is received, the Board requested that Trustees submit questions prior to the meeting.

MOTION made by Trustee Cassidy, seconded by Trustee Strauss, to table the discussion to the April Regular Board meeting. In a voice vote of the members present, all members voted in favor. **Motion** passed 6-0.

b. January 2020 Flash Performance Report

Mr. Reynolds provided the Board with the Flash Performance Report for January 2020. He noted that the U.S. equity markets were down. He noted that the Fund's market value of assets as of January 31, 2020 increased to \$359.6 million, up 4.79% for the fiscal year to date. He reminded the Board that the flash report was preliminary and did not include the performance reports of all the managers.

c. ALM Study

John Ross granted permission to record his participation at the meeting. He updated the Board on the discussions and candidate portfolios reviewed at the last investment committee meeting. He noted that the committee looked at establishing a dedicated emerging market equity allocation, and expanding the private equity and private credit allocations. He noted that one of the primary drivers for the candidate portfolios was the assumed interest rate of 7.5%.

Mr. Ross advised that the 2019 capital market assumptions were used at the investment meeting. He noted that the final report in March will use the 2020 capital market assumptions which are now available and lower than the 2019 assumptions. He advised that he had received the liability projections from the actuary and the next step would be to marry the return projections with the liability projections, then determine the impact on various asset allocations. This will identify the implications for cash flow and contributions based on return projections. The Board agreed to proceed with the emerging market equity search.

d. 2020 Investment Discussion

Alan Kosan discussed various investment opportunities in 2020 as it relates to the Fund and its upcoming asset allocation decisions including private equity, private credit, such as non-sponsored deal flows and specialty financing, real estate debt, emerging market equity, and an emerging manager program.

e. Work Plan 2020

Mr. Reynolds provided the Board with the 2020 Work Plan. He noted that the plan would be filled in more detail after the asset liability study.

6. LEGAL (Ron Cohen – Rice Pugatch Robinson Storfer & Cohen)

a. Update on City of Hollywood v. City of Hollywood Employees' Retirement Fund Mr. Cohen advised the Board that the lawsuit between the City of Hollywood and the City of Hollywood Employees' Retirement Fund has been dismissed with prejudice. He noted that as far as he was aware the suit against the other City Funds was still pending.

Trustees thanked all the participants who assisted in the resolution of this lawsuit. Trustee Strauss, expressed the gratitude of many of the retirees who reached out to him to thank those involved for resolving this suit.

b. Emily Glover, individually and as Personal Representative of the Estate of George Glover v. Ferihaja Kolari, City of Hollywood Employees' Retirement Fund, and City of Hollywood. Mr. Cohen advised the Board that Ms. Glover and Ms. Kolari seemed to have reached a preliminary settlement. The Fund has requested that there be a release for the Fund. The Fund's only obligation is to pay the beneficiary, Ms. Kolari. He noted that there was an issue of the recovery of the Fund's legal expenses. After discussion, the Board determined that there was a need to attempt to recover fees without incurring too much additional costs.

MOTION made by Trustee Keller, seconded by Trustee Strauss, to give Mr. Cohen the authority to settle this case, with settlement after asking for fees. But if he unable to recover fees, he is then authorized to settle. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

c. Request for Executive Session to Discuss Pending Litigation Mr. Cohen requested an Executive Session to discuss Pending Litigation with Glover v, Kolari, City of Hollywood Employees' Retirement Fund, and City of Hollywood. He noted the conditions of the session.

MOTION made by Trustee Strauss, seconded by Trustee Ramos, to move 7b, Executive Director Evaluation to 6d. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

d. Executive Director Evaluation

Mr. Cohen reported that the evaluation total scores for Ms. Bailey and noted that the full evaluations were available for review. Trustees thanked Ms. Bailey for her work and

evaluations were available for review. Trustees thanked Ms. Bailey for her work and efforts on behalf of the Fund. The Trustees also expressed their thanks to the staff of the Pension office for all the work they had done in the Pension office,

MOTION made by Trustee Keller, seconded by Trustee Cassidy, to extend the meeting to 12:30p.m. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

7. EXECUTIVE DIRECTOR'S REPORT

a. City Commission Communication
The Board received the City Commission Communication.

c. Pension Office Relocation

Ms. Bailey advised the Board that she met with the City to discuss the relocation of the Pension Office. She advised the Board that the City would seek to provide spacing for the Office within the City Hall Circle.

- d. i. Administrative Considerations Investment Committee Charter
- d. ii Administrative Considerations Audit Committee Charter
 Mr. Bailey reviewed the proposed Investment and Audit Charters, including the fact that
 neither committee had the authority to take any action in the place of or stead of the
 Board of Trustees. She noted that Mr. Cohen had reviewed both proposed charters.

MOTION made by Trustee Strauss, seconded by Trustee Ramos, to adopt the Investment and Audit Committee Charters as proposed February 25, 2020. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

d. iii Administrative Considerations – Proposed Policy on Overpayments to Members and Beneficiaries.

Ms. Bailey reviewed the proposed policy on overpayment. Trustees discussed the policy. Trustees agreed that member benefits would not be reduced until the Board has reviewed the apparent overpayment. The Board agrees that overpayments totaling less than \$2,000 could be addressed administratively and also requested that they be advised of all overpayments and underpayments. It was noted that the policy were guidelines and subject to the discretion of the Board. Ms. Bailey advised that the Actuary's proposed charge to reconstruct a member DROP and/or pension payment history using the correct calculation would be \$300 per case.

A **MOTION** was made by Trustee Greene, seconded by Trustee Keller, to adopt the proposed policy on overpayments as amended. After discussion, the Motion was withdrawn.

Ms. Bailey advised the Board that she identified an error in the pension payments of Mr. Lalla. She noted that based on his start date, his payments should have begun in 2022, however, Mr. Lalla had been receiving benefits since 2017. She advised that the Actuary confirmed that Mr. Lalla's benefit was payable at Age 60. Ms. Bailey advised that Mr. Lalla's payments were stopped and that Mr. Cohen would advise Mr. Lalla of the overpayment and invite him to address the Board at the March meeting when the recoupment of the overpayment would be addressed.

MOTION made by Trustee Keller, seconded by Trustee Strauss, to extend the meeting to 1:00p.m. In a voice vote of the members present, all members voted in favor. **Motion** passed 6-0.

d. iv Administrative Considerations – Transferred Members who received FY2013 Supplemental Distribution in Error

Mr. Cohen advised the Board that he had a conflict of interest and therefore withdrew his opinions on this topic and that he would not participate in any further discussion. Ms. Bailey advised that she requested to City's opinion and received an email from Alan Falik, stating that the transferred members were not eligible to receive supplemental distributions. Trustee Cassidy requested that the Board obtain its own legal opinion.

Ms. Bailey advised the Board appeared to have addressed the issue in 2004 but that there was no consistency in the way in which transferred members received the FY2012 and FY 2013 supplemental distributions.

- e. Communications from the Executive Director
 - Ms. Bailey advised the Board that the Fund had received reimbursement for attorney's fees and litigation expenses in the Rent-A-Center litigation.
 - Ms. Bailey advised the Board that the FY2019 financial audit was ongoing and that the 2019 Actuarial Valuation Data has been sent to the Actuary. She noted that both the audit and the valuation \were expected to be complete by the end of March. She noted that the order of the Actuary's priorities were GASB 67, the 2019 Valuation, the Benefit Recalculations and then the members who selected 100% joint and equal who selected non-spousal beneficiaries whose adjusted age was 10 or more years less that the member.
 - Ms. Bailey advised the Board that 537 retirees had returned their 2020 Life Certificates to date. She noted that the Fund had still not located the member who did not return the 2019 Life Certificate.
 - Ms. Bailey advised the Board that, of the 741 annuitants eligible for the FY2012
 13th Check Settlement, 86 remain to be distributed.
 - Ms. Bailey provided the Board with the DROP and Planned Retirement Participant Lists.
 - Ms. Bailey advised the Board that there was a change to the notary certification included on the Funds forms. Mr. Cohen noted that the Board was not required to accept online notification but that the certification on the form would still be required
 - Ms. Bailey advised that she was adding more current information to the website.
 - Ms. Bailey advised the Board that the DROP statements were almost completed
 for all members. She requested and the Board agreed that statement would
 include all deposits to date but lag interest payments as the DROP interest rates
 was not usually available until four to five months after the end of the quarter.
 - Ms. Bailey advised the Board that Wells Fargo/Principal had submitted a service transition agreement to the Fund and the documents were being reviewed by Mr. Cohen.

Regular Pension Board Meeting February 25, 2020 Page **5** of **5**

8. PUBLIC COMMENTS

Public comments were made by John Berak, Vice President for AFSCME.

9. TRUSTEE REPORTS, QUESTIONS AND COMMENTS

Trustee Shaw advised that the FPPTA has asked that representatives of the Fund to present at the next Trustee School to discuss how the restoration or benefits was formulated and implemented.

10. ADJOURNMENT

MOTION made by Trustee Keller, seconded by Trustee Strauss, to adjourn the meeting. In a voice vote by the members present, **Motion** passed 5-0. The meeting adjourned at 1:10p.m.

Phyllis	Shaw, Chair	
Date		

AGENDA ITEM 3.B. CONSENT AGENDA

MARCH 31, 2020 INFORMATIONAL MEETING MINUTES

MINUTES INFORMATIONAL SESSION CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND TUESDAY, MARCH 31, 2020 AT 9:00AM

CALL TO ORDER AND ROLL CALL

Chair Shaw called the meeting to order at 9:05a.m.

All attendees participated telephonically. Board Members: Chair Phyllis Shaw, Vice Chair George Keller, Secretary Robert Strauss, Christopher Cassidy, Jeffery Greene, Charles Howell and Cynthia Ramos. Also present: Executive Director Christine Bailey; Keith Reynolds and Felicia Ewell of Segal Marco; and Ronald Cohen of Rice Pugatch Robinson Storfer & Cohen.

Mr. Cohen noted that the meeting was being conducted in accordance with Executive Order No. 20-69 which suspended two provisions of the Florida Statute involving government in the sunshine. One that required a quorum to be present, or required a local government body meet at a specific public place. The Board was also allowed to utilize communication media technology. He noted that the quorum by phone was legal under Florida Statute as it existed at the time of the meeting with the suspensions. He noted that the Board's telephone participation policy requiring a quorum be present was based on the Florida Statue and with the Attorney General's Opinion, these provisions were suspended in the statute. Therefore, the Board could vote on any item they chose at the meeting.

2. INVESTMENT (Keith Reynolds – Segal Marco)

a. February 2020 Flash Performance Report Mr. Reynolds provided the Board with the Flash Performance Report for February 2020. He noted that the U.S. and International markets were down by more than 10% in the last week of February. He noted that with the Coronavirus and its impact on the economy, there had been a flight to safety in U.S. government bonds and a spike in the volatility of the markets. He advised that the Fund's market value of assets at the end of February was \$344 million, down approximately 3%, with one quarter of the portfolio not yet reported.

b. Market Update

Mr. Reynolds noted that the Coronavirus had resulted in significant business disruption. He noted that Federal Reserve cut interest rates by 50 basis points, the markets dropped below the 2018 levels, and there were daily fluctuations in the markets. He stated that the markets experienced one of the fastest and most volatile bear markets. He noted the uncertainty in the markets had made it difficult to accurately price the true value of a stock.

Mr. Reynolds advised that global stimulus packages were being considered, including the recent passage of the \$2 trillion stimulus package. He noted that there was a rebound in the equity markets with the S&P500 going up 17% from a low on March 23 through March 30.

Mr. Reynolds reassured the Board that there were funds available to pay pension benefits. He advised that Segal recommended a moderate rebalance approach over time. He noted that the asset liability study results will put the Fund in a good position to take advantage of market dislocations.

Trustees Keller asked if any adjustments needed to be made right now. Mr. Reynolds noted that Segal was monitoring the funds and did not recommend rebalancing at this time as there were still 10% swings in market returns, a dollar cost averaging approach would be better, moving slowly back into equities. He noted that the asset liability modeling study would provide a roadmap for investing in the long term.

Trustee Strauss asked about the status of the Brandes portfolio. Mr. Reynolds advised that Brandes would be replaced at the end of the Emerging Manager Search. Trustees all agreed that this was not the time for drastic action and requested a weekly market update. Trustee Cassidy asked about the Fund's possible capital calls. Mr. Reynolds's

Informational Session March 31, 2020 Page 2 of 2

advised that the outstanding commitments were about \$15 million to private equity, \$1 million to private debt, and \$5 - \$10 million to real estate.

Mr. Reynold's advised the Board that the transition to work at home at Segal and with the Pension Office had been seamless. He noted that his office had been working with the Pension Office and the auditors to get some final information for the audit.

3. EXECUTIVE DIRECTOR'S REPORT

- Communications from the Executive Director
 - Ms. Bailey advised the Board that the Pension Office was closed to the public on March 16th, and closed fully on March 20th with all staff telecommuting. She noted however, that there was usually one staff member in the office and that mail was being collected and addressed at least twice weekly. She noted that the voicemail was cleared daily and the Fund did not had any difficulty dealing with members over the phone, by email, or via fax messages.
 - Ms. Bailey noted that the major tasks being undertaken by the office were the finalization of the financial statements, the actuarial valuation, the 2012 13th check distributions, and the March 31, 2020 DROP Statements. She noted that no one had requested appointments in April.
 - Ms. Bailey advised the Board that the March retiree payroll was successful and that funds had already been set aside for the April payroll. She noted that the office would finalize the COLA's and add new retirees to payroll in time for the April payroll.

In response to a question, Ms. Bailey advised that the 2019 Financial Statements would be sent to the Audit Committee that day and that it was expected that the statements would be complete by the end of the week. Trustee Ramos requested that the Board consider holding a special meeting to approve the financial statements. It was noted that an audit committee meeting would also be required.

Trustee Keller noted that he recently heard a presentation by Affiliated Development Real Estate Group, headquartered in Fort Lauderdale, that provided workforce housing. Mr. Keller will forward the company's prospectus to Ms. Bailey for distribution to Trustees and Mr. Reynolds for their review. Trustee Keller also noted that the Executive Director received a very good evaluation and no action was taken on the consideration of any adjustment to compensation. He requested that this be added to the agenda of any special meeting and that the Board be provided with comparable salary information.

Trustees thanked the staff for keeping the office up and running during the crises.

Trustee Shaw requested public comments. There were no public comments.

10. ADJOURNMENT

MOTION made by Trustee Strauss, seconded by Trustee Ramos, to adjourn the meeting. In a voice vote by the members present, **Motion** passed 7-0. The meeting adjourned at 10:05a.m.

Phyllis Sha	w, Chair	
Date	·····	-

AGENDA ITEM 3.C. CONSENT AGENDA

APRIL 7, 2020 SPECIAL MEETING MINUTES

MINUTES

SPECIAL PENSION BOARD MEETING CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND TUESDAY, APRIL 7, 2020 AT 10:30AM

1. CALL TO ORDER

Chair Shaw called the meeting to order at 11:05a.m.

2. ROLL CALL AND PLEDGE OF ALLEGIANCE

All attendees participated telephonically. Board Members: Chair Phyllis Shaw, Vice Chair George Keller, Secretary Robert Strauss, Christopher Cassidy, Jeffery Greene, Charles Howell and Cynthia Ramos. Also present: Executive Director Christine Bailey; Keith Reynolds and Felicia Ewell of Segal Marco; Ronald Cohen of Rice Pugatch Robinson Storfer & Cohen, and Michael Futterman, Moises Ariza and Hermes Garzon of Marcum Advisors, LLP.

Mr. Cohen reminded all participants that the meeting was being recorded. There were no objections.

a. April 7, 2020 Special Board Meeting Agenda

MOTION made by Trustee Greene, seconded by Trustee Cassidy, to adopt the April 7, 2020 Special Board Meeting Agenda. In a voice vote of the members present, all members voted in favor. **Motion** passed 7-0.

3. TELEPHONE PARTICIPATION POLICY

Trustee Shaw advised that Board that there was a proposed change to the telephone participation policy as a result of the changes to the Florida statutes. The proposed change would reflect the suspensions in the statutes, and in the future, would also reflect the statutes in the event that they were again amended or suspended

MOTION made by Trustee Greene, seconded by Trustee Howell, to adopt the Resolution of the Board of Trustees concerning the Telephone Participation Policy during the Public Emergencies. In a roll call vote of the members present, all members voted in favor. **Motion** passed 7-0.

4. FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019
Trustee Greene, Chair of the Audit Committee, reported that the Fund received a clean opinion with no negative items. He advised that the auditors commended the staff on their assistance and the timely information they provided during the audit. He noted that the committee recommended that the Board not issue an RFP this year and continue with Marcum due to current environment and the staff workload. He advised that the committee approved the audit and that they recommended going out for an RFP after the next audit.

Mr. Futterman reviewed the 2019 Financial Statements. He advised that Marcum issued an unmodified opinion. He reported that there were no matters to be reported to the Board and that there were no disagreements with management.

MOTION made by Trustee Greene, seconded by Trustee Strauss, to adopt the Financials. In a roll call vote of the members present, all members voted in favor. **Motion** passed 7-0. Trustees thanked the auditors and the staff, especially since this was the first audit conducted by the Fund after taking over the Fund's financials, independent of the City.

5. EXECUTIVE DIRECTOR EVALUTION

Trustee Keller reviewed the Executive Director selection process and the initial compensation package offered to Ms. Bailey. He noted that she had set up a much

better organized and professional office. He noted the successful work performed by the staff on the audit, the benefit restoration, and the progress in beginning to clean up the errors in benefit calculations.

MOTION made by Trustee Keller, seconded by Trustee Greene, to increase the salary to match the base salary of the Hollywood Police Pension Fund Administrator to \$147,000. In a roll call vote of the members present, all members voted in favor. **Motion** passed 7-0.

Trustees all thanked Ms. Bailey noting what she has been able to do during her tenure. Trustees also expressed their appreciation of the Pension staff, noting the amount of changes in the past year, the smooth running of the operations during this time, and the fact that there have been no major complaints. Ms. Bailey thanked the Board for the opportunity to work with the Fund and for their generosity.

6. BOARD MEETING SCHEDULE - APRIL 28, 2020

Trustee Shaw noted that since the Board meetings were currently being held telephonically, it was unnecessary to have an evening meeting in April and requested that the meeting be moved to 9:00a.m.

MOTION made by Trustee Strauss, seconded by Trustee Keller, to modify the meeting time of the April 28, 2020 Board meeting from 6:00p.m. to 9:00a.m. In a roll call vote of the members present, all members voted in favor. **Motion** passed 7-0.

The Board discussed alternative telecommunication tools that could be used to conduct the Board meetings during the crisis.

7. OPERATIONS REPORT

Ms. Bailey advised the Board that the April payroll, including COLA's had been processed and that new retirees would be added to payroll by the end of the week. She noted that it was expected that the valuation report would be completed by the April Regular Board meeting. She noted that the City was working on a telecommunication system and hope to be able to use that system for the next meeting. She noted that she would be working with Ron to set up a means for public to participate in the meeting.

8. PUBLIC COMMENTS

There were no public comments.

9. TRUSTEE REPORTS, QUESTIONS AND COMMENTS

Trustees expressed their hope that all remain safe during this period.

10. ADJOURNMENT

MOTION made by Trustee Greene, seconded by Trustee Ramos to adjourn the meeting. In a voice vote by the members present, **Motion** passed 7-0. Meeting adjourned at 11:45a.m.

Phyllis Shaw, Chair	
Date	

AGENDA ITEM 3.D. CONSENT AGENDA

RATIFICATION OF DISTRIBUTIONS (CONTRIBUTIONS AND DROP) AND PLAN EXPENSES

EMPLOYEES' RETIREMENT FUND Refunds and DROP Distributions April 28, 2020 Regular Pension Board Meeting Page 1 of 2

Name	_	 Refund
Refunds of Contributions		
Brown, Jan-Michael		17,250.68
Korsman, Joshua		41,092.49
Polanco, Jose		34,674.36
Wilson, Jordan		4,300.13
	\$	97,317.66
Planned Retirement		
	\$	 0.00
Partial Lump Sum Distribution None		
	\$	0.00
DROP Distributions		
Brinkman, Michael (Partial)		\$ 220,932.56
Underwood, Lori Lynn (Partial)		\$ 166,354.42
	\$	387,286.98
ТОТА	L: \$	484,604.64

EMPLOYEES' RETIREMENT FUND Refunds and DROP Distributions April 28, 2020 Regular Pension Board Meeting Page 2 of 2

Name	 	Refund
Refunds of Contributions		
Florencio, Lutecia		3488.73
Rodriguez, Georgina		8,413.94
	\$	11,902.67
Planned Retirement		
None		
Doutial Lump Cum Diatribution		
Partial Lump Sum Distribution None		
<u>DROP Distributions</u>		
Anglade, Danielle (Final)	\$	4,672.56
Breighner, Lawrence (Final)	\$	7,192.31
Cescon, Daniel (Final)	\$	12,013.60
Diah, Maximillan (Final)	\$	787.83
Hein, Angela (Final)	\$	1,626.83
Hofler, Laura (Final)	\$	3,620.38
Laucella, Catherine (Final)	\$	57,861.68
Lifraice, Anette (Final for Hilaire Joseph)	,\$	2,664.63
McGillivray, Veronique (Final)	\$	12,000.77
Milan, Clayton (Final)	\$	9,655.29
Mohammed, Sedick (Final)	\$	3,804.94
Mone, Rose (Final)	\$	8,038.73
Patel, Jitendra (Final)	\$	24,746.07
Pinnock-Lee, Faith (Final)	\$	1,270.22
Richards, Renee (Final)	\$	16,859.31
Sullivan, John (Final)	\$	5,758.70
Walker, Robert (Final)	\$	3,911.34
Wallace, Pauline (Final)	\$	7,471.80
	\$ 	183,956.99

TOTAL: \$

195,859.66

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DISTRIBUTION OF CONTRIBUTIONS APPLICATION DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	oant Name:	Jan-Michael	Brown	SSN: xxx-xx-'	
accumu this dist	lated contributio ribution, my cont	ns to the City of Holly tributions, with interest	wood Employees' Reti will be returned to me	d do hereby make application for the return or irement Fund. I acknowledge that by requesting and my membership and all the associated rights ocumulated credited service.	q
Employ	ees' Retirement	Fund including all ad		I forfeit and relinquish all accrued rights in the service. I further declare that I have read and will and accord.	
Check -	the boxes belov	w that apply and compl	lete <u>all</u> of the requested	d information.	
	consequences a	associated with this op	n made payable direct tion and that 20% will b be credited against my	tly to me. I understand that there may be take be withheld and forwarded to the Internal Revenue Federal income tax.	X e
		associated with this op	made payable direct tion and that 20% will be se credited against my	tly to me. I understand that there may be ta be withheld and forwarded to the Internal Revenue Federal income tax.	x e
	I wish to make account:	a direct transfer of the	e balance of the taxab	le amount to the following qualified, tax-deferre	d
	Account Holder	's Name: San-V	lichael Brow		
			(1.0. (L.) (), (O.)		-
	Account Number	-	<u> </u>		
	Account Type:	^	1	IRS Qualified Plan X Other Orcking	-
	Financial Institu		hase Box		-
	Financial Institu	ition Address: <u>42</u> 2	3 Hallywood	(Blvd. Hollywood FL 330)	4
	In order for this	form to be valid, a re	presentative of the fina	ancial institution for the above referenced accour turned without this signature.	nt
			count referenced abov acknowledge that such	re is an account qualified to accept direct transfer will be accepted.	S
	Signature of Fir	nancial Institution Auth	orized Representative:	demodeur -	
_/)				
Particin	pant's Signature			<i>⊢ </i>	
210	/ SW 140	th Nice II	muone Di	33027	
<i>ری ای</i> Curren	t Address	HVC MI	City Sta		-
054	732-4573	3	1	110 1 20	
Teleph	one Number	1	Da	te of Separation	
	Dul			217,19	
Plan A	dministrator's Sig	nature	Dat	te Signed	

	Name	Jan-Michael B	rown							
	Hire Date	8/10/2015	12/31/2015	144	!	Months of	Interest:	5.00	•	
	Term Date	1/10/2020	1/1/2020	10				0.00		
	Interest Rate	4.00%					: <u>.</u>			
			r	-			· · · · ·			
			% of Year		Inter	est \				
	Contributions	Year	•	2015	2016	2017	2018	2019	2020	Total
	1,078.85	2015	0.4167	8.99	43.15	43.15	43.15	43.15	0.00	181.59
	3,381.60	2016	1.0000		67.63	135.26	135.26	135.26	0.00	473.41
•	3,632.91	2017 .	1.0000	,	*•	72.66	145.32	145.32 -	0.00	363.30
	3,628.54	2018	1.0000				72.57	145.14	0.00	217.71
	3,913.95	2019	1.0000					78.28	0.00	78.28
	300.54	2020	0.0000						0.00	0.00

15,936.39

1,314.29

Contributions Interest Total Refund

15,936.39 1,314.29 17,250.68



CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DISTRIBUTION OF CONTRIBUTIONS APPLICATION DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	oant Name:	Joshua	Kooman	SSN: xxx-xx					
accumu this dist	lated contributio ribution, my cont	ns to the City or ributions, with i	of Hollywood Employees' interest will be returned to	d and do hereby make application for the return of Retirement Fund. I acknowledge that by requesting me and my membership and all the associated rights, g accumulated credited service.					
Employ	have no other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the imployees' Retirement Fund including all accumulated creditable service. I further declare that I have read and inderstand this application and am signing the same of my own free will and accord.								
Check -	the boxes below	v that apply and	d complete <u>all</u> of the reque	ested information.					
□	consequences a	ssociated with	ribution made payable d this option and that 20% v ling to be credited against	irectly to me. I understand that there may be tax will be withheld and forwarded to the Internal Revenue my Federal income tax.					
	consequences a	associated with	made payable of this option and that 20% valing to be credited against	irectly to me. I understand that there may be tax vill be withheld and forwarded to the internal Revenue my Federal income tax.					
	I wish to make account:	a direct transfe	er of the balance of the ta	exable amount to the following qualified, tax-deferred					
	Account Holder	s Name:							
	Account Number		X	·					
	Account Type:	∏ ÍRA ∏ 45	7 Deferred Compensation	☐ IRS Qualified Plan ☐ Other					
-	Financial Institu	tion's Name: _							
	Financial Institu	tion Address: _							
·	In order for this	form to be vali	d, a representative of the	financial institution for the above referenced account e returned without this signature.					
	By signing below from a qualified	v, I confirm tha pension plan a	t the account referenced a nd we acknowledge that s	bove is an account qualified to accept direct transfers such will be accepted.					
	Signature of Fin	ancial Institutio	n Authorized Representa	ive:					
Particip	ant's Signature			2 1 6 1 2020 Date Signed					
<u>&1</u> Current	<u>3 Nയ ദ്രാ</u> Address	th AUC	Vania Berch City	E/ 33004 State Zip Code					
954	655 0265			1 / 2 / 2020					
Telepho	one Number			Date of Separation					
Plan Ad	ministrator's Sig	Aature -		Date Signed					

Revised 20190607

Name	Joshua Korsma	n												
Hire Date Term Date	2/25/2008 1/2/2020									-	Months of	Interest:	10.00 0.00	
Interest Rate	4.00%													
		% of Year					Intere	st			٠			
Contributions	Year		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
289.38		0.83	4.82	11.58	11.58	11.58	11.58	11.58	11.58	11.58	11.58	11.58		109.04
3,138.57		1.0000		62.77	125,54	125.54	125.54	125.54	125.54	125.54	125.54	125.54	-	1,067.09
3,382.81		1.0000			67.66	135.31	135.31	135.31	135.31	135.31	135.31	135.31		1,014.83
3,668.36	3 2013	1.0000				73.37	146.73	146.73	146.73	146.73	146.73	146.73	-	953.75
3,297.49	2014	1.0000					65.95	. 131.90	131.90	131.90	131.90	131.90	-	725.45
3,504.19	2015	1.0000						70.08	140.17	140.17	140.17	140.17	-	630.76
4,061.32	2016	1.0000					•		81.23	162.45	162.45	162.45	4	568.58
4,217.57	2017	1.0000								84.35	168.70	168.70	• .	421.75
4,421.15	2018	1.0000									88.42	176.85	-	265.27
4,957.47	2019	1.0000										99.15	4	99.15
298.51		0.0000					•						-	-
35,236.82	?													5,855.67

Contributions Interest Total Refund 35,236.82 5,855.67

41,092,49

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DISTRIBUTION OF CONTRIBUTIONS APPLICATION DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	oant Name:	Jose E	. Polar co	2	SSN: xxx-xx				
accumu this dist	llated contributions t ribution, my contribu	o the City of tions, with into	Hollywood Emplo erest will be return	oyees' Retiremoned to me and	hereby make application for the return of ent Fund. I acknowledge that by requesting my membership and all the associated rights, ulated credited service.				
Employ	have no other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the Employees' Retirement Fund including all accumulated creditable service. I further declare that I have read and understand this application and am signing the same of my own free will and accord.								
Check -	the boxes below the	at apply and c	omplete <u>all</u> of the	requested info	rmation.				
	I wish to have the consequences asso Service as income t	ciated with th	is option and that	20% will be wi	me. I understand that there may be tax thheld and forwarded to the Internal Revenue eral income tax.				
	I wish to have \$ _consequences asso Service as income t	ciated with th	is option and that	: 20% will be wi	o me. I understand that there may be tax thheld and forwarded to the Internal Revenue eral income tax.				
	I wish to make a di account:	rect transfer	of the balance of	the taxable ar	nount to the following qualified, tax-deferred				
	Financial Institution' Financial Institution In order for this form must attest to the form	IRA	a representative ment. <u>This form</u> ne account refere I we acknowledge	of the financia will be return nced above is e that such will	institution for the above referenced account ed without this signature. an account qualified to accept direct transfers				
Current 304 Telepho	ant's Signature 27 Sw 142 ⁻¹⁰ Address 5- 776 - 1979 One Number Iministrator's Signature	1	Mibrii City	State	18 1 2019 gned 33 18 6 Zip Code 13 / >0 19 Separation 18 / 2019 gned				

Revised 20190607

Name	Jose Polanco		****		•			•	
Hire Date Term Date	7/28/2014 11/13/2019	12/31/2014 1/1/2019	157 317		Months of	Interest:	5.00 10.00		
Interest Rate	4.00%								
		% of Year		Inte	est				
Contributions	Year		2014	2015	2016	2017	2018	2019	Total
1,883.38	2014	0.4167	15.69	75.34	75.34	75.34	75.34	62.78	379.83
5,038.48	2015	1.0000		100.77	201.54	201.54	201.54	167.95	873.34
5,969.19	2016	1.0000			119.38	238.77	238.77	198.97	795.89
6,127.05	2017	1.0000				122.54	245.08	204.24	571.86
6,176.82	2018	1.0000					123.54	205.89	329.43
6,422.06	2019	0.8333		•		-		107.03	107.03
31,616.98	ī								3,057.38
Contributions	31,616.98						1		
Interest	3,057.38								
Total Refund	34,674.36	Market	6						

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DISTRIBUTION OF CONTRIBUTIONS APPLICATION DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Partici	pant Name:	Jordan	(Wilson	SSN: >	SSN: xxx-xx-							
accumu this dist	I have separated from employment with the City of Hollywood and do hereby make application for the return of accumulated contributions to the City of Hollywood Employees' Retirement Fund. I acknowledge that by requesting this distribution, my contributions, with interest will be returned to me and my membership and all the associated rights, benefits, and privileges will be forfeited and relinquished, including accumulated credited service.											
Employ	I have no other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the Employees' Retirement Fund including all accumulated creditable service. I further declare that I have read and understand this application and am signing the same of my own free will and accord.											
Check - the boxes below that apply and complete <u>all</u> of the requested information.												
	consequences a	ssociated with	n this option and	payable directly to me. that 20% will be withheld ed against my Federal inc	I understand that there may be tax and forwarded to the Internal Revenue ome tax.							
	I wish to make a account:	a direct transf	fer of the balanc	e of the taxable amount	to the following qualified, tax-deferred							
	Account Holder's	s Name:										
	Account Number		, <u></u>									
• .	Account Type:	□IRA □ 4	57 Deferred Con	npensation 🔲 IRS Quali	fied Plan							
	Financial Instituti	ion's Name:			17 Table - 1 17 Table - 1							
	Financial Institut	ion Address:										
	In order for this t must attest to th	form to be va e following st	lid, a representa atement. <u>This f</u> e	tive of the financial institu orm will be returned with	tion for the above referenced account nout this signature.							
	By signing below from a qualified p	, i confirm the cension plan	at the account rea	ferenced above is an according that such will be acc	ount qualified to accept direct transfers epted.							
	Signature of Fina	ancial Instituti	on Authorized Ro	epresentative:								
A/A	want's Signature			// /a / Date Signed	19							
7380	_	Place	fort 2016 D ::	FI FI	33314							
	t Address	Piace	City	State	Zip Code							
_32	5 - 456 - 48	55		12/4/	19							
Telepho	one Number		-	Date of Separa	ation							
Plan Ac	dministrator's Sign	L)		_ <u>2 / 4 /</u>	70							
I IGH A	armionator a mag	THE PERSON WHITE		Date Signed								

Revised 20190607

Name	Jordan Wilso	on				,
Hire Date Term Date	11/5/2018 12/4/2019	12/31/2018 1/1/2019	57.00 338.00	Months of Int	erest:	2 11
Interest Rate	4.00%					
Contributions	Year		% of Year	Interest	V	Total
429.30 3,784.28		2018 2019	0.1667 0.9167	2018 1.43	2019 15.74 69.38	17.17 69.38 0.00
4,213.58	<u> </u>				=	86.55
Contributions Interest Total Refund	4,213.58 86.55 4,300.13	<u>O</u>	•	;c		



City of Hollywood, Florida General Employees Pension Calculation of Retirement Benefits

Name :		Michael Brinkman	Dept:	Public Utilities	Date	of Birth/Age:	_	12/27/1961	5:
Hire Date : _ *	02/1		Term Date; ² Date :	02/05/2020 01/01/2017		of Service :	C:_	24.00	
Name of Benefic	ciary				Purchase	2 months	S:_		·
Date of Birth/Ag		<u> </u>				,			
Date of BittilAge	e		1	50	cial Security No	ımber:			
		•							
		•		Ho Sick	urs Ea 632.14 \$	rnings (include	ed in final earn' 22,807.61	ings)	
Earnings 10 Yea	ars Pre	ceding Retirement		Vacation	125.00 \$		4,510.00		
Year		Gross	•	Hollday	\$		-1,010.00		
			1	Comp.	\$		ي ه		
2007 \$ 2008 \$		64,309.93		Bld Comp.	\$	T WHEN THE PROPERTY OF THE SECOND			86Y
2009 \$		70,930.16 68,103.32		Total	757.14 \$		27,317.61		題 .
2010 \$		69,005.92	•			•	·	Adjusted	1
2011 \$		69,920.32		Year	No. Pays	Salary	Overtime	Adjusted	1
2012 \$		70,761.68		2013	2 \$	5,835.33		\$ 5,835.33	3 .
2013 \$		69,913.58		2014	26 \$	65,807.64		\$ 69,917.15	
2014 \$ 2015 \$		65,807.64 68,478.40		2015	26 \$	68,478.40		\$ 78,941.68	
2016 \$		74,040.38		2016	24 \$	68,689.98	6,992.40	\$ 75,682.38	'
2010		1-1,0-10100			· \$, -		•	ŀ
Highest Consec	utive 7	'8 Pays	·	TOTAL	78 \$	208,811.35	21,565.19	\$ 230,376.54	17
	<u>.</u>								_
Year No. F	-					CRUED BENE			
2013 2014	2	\$	5,835.33	1		vg. Per Month	(gross/36)		
2014 2015	26	\$ \$	69,917.15	1	3.0% M			•	
2016	26 24	\$	78,941.68			onthly benefi		ce	
Total	78	\$ 1	75,682.38 230,376.54			ears of Servic			1
Leave Payout	10	<i>\$</i> \$	27,317.61		\$3,133.00 W	onthly Norma	ii Annuity		1
Totals		<u> </u>				4.0			
giorais.			257,694.15						.
		•				•			1
				· ·	•				ı
•						•		-	
Options:			•	1 .					
		•					•		İ
5 Year -		= \$ -			TOTAL MON	THLY NORM	AL ANNUITY		-
10 Year -		= \$ -	•		\$5,153.88		<u></u>		
20 Year -		= \$ -	-		,-,	ı	 	· · ·	_
Equal -		= \$ -				20.00	199		
Half -		= \$ -		PAYABLE A	NNUITY:	\$5,153.88	ノタン		
· · · · · · · · · · · · · · · · · · ·			,	iem Authorgania	A SERVICE STREET				ā.

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	Dant Name: MICHAEL BRINKMAN SSN: XXX-XX							
I elect to	o withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).							
Check -	Check - the boxes below that apply and complete <u>all</u> of the requested information.							
	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.							
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.							
P	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:							
	Account Holder's Name: Michael Brinkman							
	Account Number:							
	Account Type: ☐ IRA ☐ 457 Deferred Compensation ☐ IRS Qualified Plan ☐ Other							
_	Financial Institution's Name: Nationalian							
	Financial Institution Address: PO BOX 183150 Columbus 0H 43218							
	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.							
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted							
	Signature of Financial Institution Authorized Representative:							
<u>/ I C</u> Particip	hael Brinkman 12,5,2019 Date Signed							
	SW/14 AVENUE Cooper City FL 33330 Address City State Zip Code							
	4-610-8937							
Telepho	one Number							
Plan A	dministrator's Signature Date Signed							
	Date Olytica							

City of Hollywood Employees' Retirement Fund

DROP Account Statement For: Michael Brinkman

• •	Deposit	Interest	Balance
1/1/2017	\$ 5,153.88	\$0.00	45 152 00
2/1/2017	\$5,153.88	\$0.00	\$5,153.88 \$10,307.76
3/1/2017	\$5,153.88	\$0.00	•
3/31/2017	ψο, 100.00	\$410.53	\$15,461.64
4/1/2017	\$5,153.88	\$0.00	\$15,872.17
5/1/2017	\$5,153.88	·	\$21,026.05
6/1/2017	\$5,153.88	\$0.00	\$26,179.93
	φ3,133.86	\$0.00	\$31,333.81
6/30/2017	ወደ ለደር 00	\$70475	\$32,038.56
7/1/2017	\$5,153.88	\$0.00	\$37,192.44
8/1/2017	\$5,153.88	\$0.00	\$42,346.32
9/1/2017	\$5,153.88	\$0.00	\$47,500.20
9/30/2017		\$1,106,20	\$48,606.40
10/1/2017	\$5,153.88	\$0.00	\$53,760.28
11/1/2017	\$5,153.88	\$0.00	\$58,914. 1 6
12/1/2017	\$5,153.88	\$0.00	\$64,068.04
12/31/2017		\$17759.40	\$65,827.43
1/1/2018	\$5,153.88	\$0.00	\$70,981.31
2/1/2018	\$5,153.88	\$0.00	\$76,135.19
3/1/2018	\$5,153.88	\$0.00	\$81,289.07
3/31/2018		47.2474	\$80,856.93
4/1/2018	\$5,153.88	\$0.00	\$86,010.81
5/1/2018	[*] \$5,153.88	\$0.00	\$91,164.69
6/1/2018	\$5,153.88	\$0.00	\$96,318.57
6/30/2018	•	564152	\$96,960.10
7/1/2018	\$5,153.88	\$0.00	\$102,113.98
8/1/2018	\$5,153.88	\$0.00	\$107,267.86
9/1/2018	\$5,153.88	\$0.00	\$112,421.74
9/30/2018		\$2,499.97	\$114,921.71
10/1/2018	\$5,153.88	\$0.00	\$120,075.59
11/1/2018	\$5,153.88	\$0.00	\$125,229.47
12/1/2018	\$5,153.88	\$0.00	\$130,383.35
12/31/2018	·	\$8,919.56	\$121,463.79

City of Hollywood Employees' Retirement Fund

DROP Account Statement For: Michael Brinkman

	Deposit	Interest	Balance
1/1/2019	\$5,153.88	\$0.00	\$126,617.67
2/1/2019	\$5,153.88	\$0,00	\$131,771.55
3/1/2019	\$5,153.88	\$0.00	\$136,925.43
3/31/2019	×	\$10,012.10	\$146,937.53
4/1/2019	\$5,153.88	\$0.00	\$152,091.41
5/1/2019	\$5,153.88	\$0.00	\$157,245.29
6/1/2019	\$5,153.88	\$0.00	\$162,399.17
6/19/2019**	\$15,084.42	\$0.00	\$177,483.59
6/30/2019		\$\$\$5,059,98	\$182,543.56
7/1/2019	\$5,153.88	\$0.00	\$187,697.44
8/1/2019	\$5,153.88	\$0.00	\$192,851.32
9/1/2019	\$5,153.88	\$0.00	\$198,005.20
9/30/2019		\$1142324	\$199,428.44
10/1/2019	\$5,153.88	\$0.00	\$204,582.32
11/1/2019	\$5,153.88	\$0.00	\$209,736.20
12/1/2019	\$5,153.88	\$0.00	\$214,890.08
12/31/2019		\$0.00	\$214,890.08
1/1/2020	\$5,153.88	\$0.00	\$220,043.96
2/1/2020	\$888.60	\$0.00	\$220,932.56
Life to 2/5/2020	\$206,666.58	\$14,265.98	\$220,932.56
Payment 2/14/2020	-\$206,666.58	-\$14,265.98	-\$220,932.56
Life to Date	\$0.00	\$0.00	\$0.00

INTEREST DUE MEMBER

DROP Start Date:

8/1/2016

DROP End Date: 2/5/2020

^{**}Refund of Contributions per Ordinance O-2019-14.



City of Hollywood, Florida General Employees Pension Calculation of Retirement Benefits

Name:	Lon Lynn U	naerwoo	d Dept:	Public Works	s Da	te of Birth/Age:			//10/1961 5
Hire Date :	04/06/1995		Term Date: P Date :	02/03/2020 08/01/2016	Ye	ars of Service :	C · s		21.33
Name of Beneficia	ıry <u>Michael U</u>	nderwoo	d ′		·				
Date of Birth/Age					Social Security	Number :		-	· · · · · · · · · · · · · · · · · · ·
•				,	Hours	Earnings (inclu	ıded in final ear	rning	s)
			,	Sick	305.04	•	9,325.07		
Earnings 10 Years				Vacation	125.00	\$	3,821.25		
Year	Gro)SS		Holiday		\$	•		
2007 \$	51,591.9	04		Comp. Bld Comp.		· \$	-		
2008 \$	56,514.6				120 04	\$	- 42 446 22	. Artoria	AVAGAT ESTAVANTA
2009 \$	53,958.8			93.014) (40.73/200)	W. SECTION AND PROPERTY OF THE	(2Ψ ±3,1 ±6,1 ±6,2 ±6,2 ±7,2 ±7,2 ±7,2 ±7,2 ±7,2 ±7,2 ±7,2 ±7	10,140.32	1997470	AND THE PERSON NAMED IN COLUMN
2010 \$	54,969. ⁴							Δď	ljusted
2011 \$	53,158.3			Year	No. Pays	Salary	Overtime	7.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2012 \$	50,734.8			2013	10			· \$	22,429.64
2013 \$	51,804.2			2014	26				59,173.31
2014 \$	54,771.7	75		2015	26				63,663.40
2015 \$	56,401.3	32		2016	16	\$ 36,747.85	\$ 3,867.97	\$	40,615.82
2016 \$	36,747.	85				\$ -			
Highest Consecut	ive 78 Pays			TOTAL	78	\$ 167,841.79	\$ 18,040.38	\$	185,882.17
Year No. Pay	ys		•		· /	CCRUED BEI	VEFIT		· ·
2010 .	16	\$	22,429.64			Avg. Per Mon			l l
2011	26	\$	59,173.31			Multiplier	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2012	26	\$	63,663,40			Monthly bene	fit/vesr of ser	vice	
2013	10	¢	40,615.82			Years of Serv		*100	1
Total	78 \$	arasinera sid	185,882.17			Monthly Norn			
Leave Payout	\$	residente.	13,146.32	•	ψυ,υυτ.τυ	monthly Hom	nai Annaity		
	errosa greco	nasen inessurant					•		
Totals	ondriven \$1453 de	นทั่วเป็นหัง	199,028.49			* *			
	_			1					
							1		
Options:	•								. 1
•									
5 Year -	= \$ -				TOTAL M	ONTHLY NOR	MAL ANNUIT	/	į.
10 Year -	= \$ -		•		\$3,537.73			-	i i
	312 = \$ 3,294.	34			ψυ,υσι.ισ				
Equal -	= \$			ALC: THE PARTY NAMED IN	AND THE REPORT OF THE PARTY OF			Market	(Mary Armetin Park Land Street
Half -	= \$ -			DAVADI	E ANNUITY:	\$3,294.34	111/	449	
				ADL ADL	L MINUILI.				

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DISTRIBUTION OF CONTRIBUTIONS APPLICATION

DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Partici	pant Name: Lovi Lynn Underwood SSN: xxx-xx
accumi this dis	separated from employment with the City of Hollywood and do hereby make application for the return of ulated contributions to the City of Hollywood Employees' Retirement Fund. I acknowledge that by requesting tribution, my contributions, with interest will be returned to me and my membership and all the associated rights, and privileges will be forfeited and relinquished, including accumulated credited service.
Employ	no other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the rees' Retirement Fund including all accumulated creditable service. I further declare that I have read and tand this application and am signing the same of my own free will and accord.
Check	- the boxes below that apply and complete <u>all</u> of the requested information.
	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:
	Account Holder's Name:
	Account Number:
	Account Type:
	Financial Institution's Name:
	Financial Institution Address:
	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.
	Signature of Financial Institution Authorized Representative:
Olon Particip	Dant's Signature Date Signed
74 Curren	5/ Pierce Street, Hollywood Fl 33024 t Address City State Zip Code
959 Teleph	1-963-4531 © 954-260-8502 <u>2 / 3 / 2020</u> one Number Date of Separation
	Suly 1,17,3020
Plan A	dministrator's Signature Date Signed

City of Hollywood Employees' Retirement Fund

DROP Account Statement For: Lori Underwood

1/31/2020

	Deposit	Interest	Balance
8/1/2016	\$3,294.34	\$0.00	\$3,294.34
9/1/2016	\$3,294.34	\$0.00	\$6,588.68
9/30/2016		\$0.00	\$6,588.68
10/1/2016	\$3,294.34	\$0.00	\$9,883.02
11/1/2016	\$3,294.34	\$0.00	\$13,177.36
12/1/2016	\$3,294,34	\$0.00	\$16,471.70
12/31/2016		4.\$108(26)	\$16,579.96
1/1/2017	\$3,294.34	\$0.00	\$19,874.30
2/1/2017	\$3,294.34	\$0.00	\$23,168.64
3/1/2017	\$3,294.34	\$0.00	\$26,462.98
3/31/2017	•	E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$27,385.75
4/1/2017	\$3,294.34	\$0.00	\$30,680.09
5/1/2017	\$3,294.34	\$0.00	.\$33,974.43
6/1/2017	\$3,294,34	\$0.00	\$37,268.77
6/30/2017		\$24\$914\58	\$38,183.36
. 7/1/2017	\$3,294.34	\$0,00	\$41,477.70
8/1/2017	\$3,294.34	\$0.00	\$44,772.04
9/1/2017	\$3,294.34	\$0.00	\$48,066.38
9/30/2017		\$1 69.57	\$49,235.95
10/1/2017	\$3,294.34	\$0.00	\$52,530.29
11/1/2017	\$3,294.34	\$0.00	\$55,824.63
12/1/2017	\$3,294.34	\$0.00	\$59,118.97
12/31/2017		\$5,51,6674124	\$60,786.10
1/1/2018	\$3,294.34	\$0.00	\$64,080.44
2/1/2018	\$3,294.34	\$0.00	\$67,374.78
3/1/2018	\$3,294.34	\$0.00	\$70,669.12
3/31/2018		SS 55 852 452	\$70,286.71
4/1/2018	\$3,294.34	\$0.00	\$73,581.05
5/1/2018	\$3,294.34	\$0.00	\$76,875.39
6/1/2018	\$3,294.34	\$0.00	\$80,169.73
6/30/2018		\$2 \$540.97	\$80,710.70
7/1/2018	\$3,294.34	\$0.00	\$84,005.04
8/1/2018	\$3,294.34	\$0.00	\$87,299.38
9/1/2018	\$3,294.34	\$0.00	\$90,593.72
9/30/2018		\$2,034.59	\$92,628.31
10/1/2018	\$3,294.34	\$0.00	\$95,922.65

City of Hollywood Employees' Retirement Fund

DROP Account Statement For: Lorl Underwood

1/31/2020

	Deposit	Interest	Balance
11/1/2018	\$3,294.34	\$0.00	\$99,216.99
12/1/2018	\$3,294.34	\$0.00	\$102,511.33
12/31/2018		\$7,066,81	\$95,444.52
1/1/2019	\$3,294.34	\$0.00	\$98,738.86
2/1/2019	\$3,294.34	\$0.00	\$102,033.20
3/1/2019	\$3,294.34	\$0.00	\$105,327.54
3/31/2019		\$7,752.56	\$113,080.10
4/1/2019	\$3,294.34	\$0.00	\$116,374.44
5/1/2019	\$3,294.34	\$0.00	\$119 ,668. 7 8
6/1/2019	\$3,294.34	\$0.00	\$122,963.12
6/19/2019**	\$15,007.13	\$0.00	\$137,970.25
6/30/2019		\$3,887,47	\$141,857.72
7/1/2019	\$3,294.34	\$0.00	\$145,152.06
8/1/2019	\$3,294.34	\$0.00	\$148,446.40
9/1/2019	\$3,294.34	\$0.00	\$151,740.74
9/30/2019		\$ \$1,095,53	\$152,836.27
10/1/2019	\$3,294.34	\$0.00	\$156,130.61
11/1/2019	\$3,294.34	\$0.00	\$159,424.95
12/1/2019	\$3,294.34	\$0.00	\$162,719.29
12/31/2019		\$0.00	\$162,719.29
1/1/2020	\$3,294.34	\$0.00	\$166,013.63
2/1/2020	\$340.79	\$0.00	\$166,354.42
Life to 2/3/2020	\$153,710.20	\$12,644.22	\$166,354.42
Payment 2/14/2020	-\$153,710.20	\$12,644.22	-\$166,354.42
Life to Date	\$0.00	\$0.00	\$0.00

INTEREST DUE MEMBER

DROP Start Date:

8/1/2016

DROP End Date:

1/31/2020

^{**}Refund of Contributions per Ordinance O-2019-14.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND

<u>DISTRIBUTION OF CONTRIBUTIONS APPLICATION</u> <u>DIRECT TRANSFER/WITHHOLDING AUTHORIZATION</u>

A A A A A A A A A A A A A A A A A A A	
Participant Name: <u>WTEC/A PWRENCIO</u> SSN: xxx-xx	
I have separated from employment with the City of Hollywood and do hereby make application for the return accumulated contributions to the City of Hollywood Employees' Retirement Fund. I acknowledge that by requestir this distribution, my contributions, with interest will be returned to me and my membership and all the associated right benefits, and privileges will be forfeited and relinquished, including accumulated credited service.	ina
I have no other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the Employees' Retirement Fund including all accumulated creditable service. I further declare that I have read an understand this application and am signing the same of my own free will and accord.	the Ind
Check - the boxes below that apply and complete <u>all</u> of the requested information.	
I wish to have the entire distribution made payable directly to me. I understand that there may be to consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenues Service as income tax withholding to be credited against my Federal income tax.	tax iue
I wish to have \$ made payable directly to me. I understand that there may be to consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.	tax iue
I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferrance account:	red
Account Holder's Name:	
AA Nive I	**********
Account Type: IRA 457 Deferred Compensation IRS Qualified Plan Other	 -
Financial Institution's Name:	—
Financial Institution Address:	
In order for this form to be valid, a representative of the financial institution for the above referenced accoumust attest to the following statement. This form will be returned without this signature.	unt
By signing below, I confirm that the account referenced above is an account qualified to accept direct transfe from a qualified pension plan and we acknowledge that such will be accepted.	ers
Signature of Financial Institution Authorized Representative:	
Participant's Signature Date Signed Date Signed	
100 SW 10th shut got 201 GAPT/AUNTROME PL 33315	
Current Address City State Zip Code	_
754 610 51 48 01, 23 2020	
Telephone Number Date of Separation	

2/12/2020 Date Signed

Revised 20190607

Lutecia Florencio

Report Date

3/17/2020

Pension	Start	Dat

5/29/2019 12/31/2019

Months of Interest: 217

7.00

Term Date

1/23/2020

1/1/2020

23

1.00

Interest Rate

4.00%

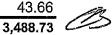
		% of Year		Interest	Total
Contributions	Year		2019	2020	
2,843.93	2019	0.5833	33.18	9.48	42.66
601.14	2020	0.0833		1.00	1.00
	* .				0.00
		•			0.00
				•	

3,445.07

43.66

Contributions Interest Total Refund

3,445.07 43.66



CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUNDS DISTRIBUTION OF CONTRIBUTIONS APPLICATION DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

SSN: xxx

Participant Name:

Revised 20190607

I have separated from employment with the City of Hollywood and do hereby make application for the return of accumulated contributions to the City of Hollywood Employees' Retirement Fund. I acknowledge that by requesting this distribution, my contributions, with interest will be returned to me and my membership and all the associated rights, benefits, and privileges will be forfeited and relinquished, including accumulated credited service.								
⊨mploy	I have no other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the Employees' Retirement Fund including all accumulated creditable service. I further declare that I have read and understand this application and am signing the same of my own free will and accord.							
Check	the boxes below that apply and complete <u>all</u> of the requested information.							
X	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.							
M. J. Salah	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.							
T ;	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:							
	Account Holder's Name:							
	Account Number:							
, , , ,	Account Type:							
	Financial Institution's Name:							
	Financial Institution Address:							
	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.							
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.							
	Signature of Financial Institution Authorized Representative:							
Particip	297 (100 Date Signed)							
•	of S.W 70 Ave. Plantation FL 33317							
	t Address City State Zip Code							
Telephi	one Number Date of Separation							
COOPIN	2/19/2020							
Plan A	Iministrator's Signature Date Signed							

Name	G
Name	(

Georgina Rodriguez

Report Date

5/28/2019

Pension	Start	Dat
Term Da	ıte	

6/8/2018 12/31/2018 4/18/2019 1/1/2019

207 108 Months of Interest:

7.00 4.00

Interest Rate

4.00%

	4.86		% of Year		Interest	Total
G	ontributions	Year		2018	2019	
	5,127.35	2018	0.5833	59.82	68.36	128.18
	3,137.49	2019	0.3333		20.92	20.92
						0.00
					:	0.00
	8,264.84					149 10

Contributions Interest Total Refund

8,264.84 149.10 8,413.94



Name :	Danielle Ang	lade :	_Dept:	Police	Da	ite of	Birth/Age:			1	1/30/1957 5
Hire Date :	09/14/1998	Term D DROP Date		06/30/2019 07/01/2014	Ye		of Service :		C:		16.00
Name of Beneficiar	y <u>Jonathan/J</u>	lude/Albert			Purchased	a 2 m	onths		S:		
Date of Birth/Age	6/22/1987-2	27/04/03/74-40/	12/30/83-	31	Social Security	/ Num	iber:				
			•								
)		01-1-	Hours		lings (inclu	ded	in final earn	ings	s)
Earnings 10 Years	Proceeding Potice	ımanı .		Sick Vacation	299.96				8,089.92		
Year	Gros			vacation Holiday	53.31	\$			1,437.77		
r çai	0108	55		Comp.		\$. 1		-		
2005 \$	36,769.6	5		Bld Comp.		Þ					•
2006 \$	45,726.8			Total	353.27	₽	AND FIRST	SPUS.	- 9,527.69	8.4.289	PSEASON AND AND AND AND AND AND AND AND AND AN
2007 \$	46,383.2			ST OLG SECTION	900.51	BU P JOH	ATTORING THE TAXABLE	(teleproper)	9,321,109		《美国教育》
2008 \$	48,027.8			1		•			·	,	Adjusted
2009 \$	50,612.4	-		Year	No. Pays		Salary		Overtime	•	Salary
2010 \$	50,204.1			2011			25,348.24		1,278.60	\$	26,626,84
2011 \$	48,837.5			2012			44,836.24		3,963.65		48,799.89
2012 \$	44,836.2	4		2013			45,238.24		5,114.39		50,352.63
2013 \$	45,238.2	4		2014	12		22,301.63		4,866.21		27,167.84
2014 \$	24,127.2	3				\$		•	.,	•	
Treatment of the second			_	1 40,250 to cold from the Managor element	·	\$, ,		,		
Highest Consecuti	ve 78 Pays	• .	•	TOTAL	78	器\$	37,724.35	\$\$ \$	15,222.85	\$.	152,947.20
1											
Year No. Pay							RUED BEN				,
2011	7	\$ 26,626.84	1.5		4,513.19	Avg	. Per Mont	h (gross/36)		1
2012	26	\$ 48,799.89	F		<u>3.0%</u>	Muli	tiplier				1
2013	26	\$ 50,352.63			135.3957	Mor	ithly bene	fit/v	ear of serv	ice	1
2014	19	\$ 27,167.84		1			rs of Servi				i
Total	78 💲	152,947,20			\$2,166.33				Annuity		
Leave Payout	\$	9,527.69	tel-		Ψ2,100100	131.01	miny Hom		aniuity		
Totals	TO THE RESIDENCE		=	`					-		. [
IULAIS	and the state of the state of	162,474.89	Á								I
	•			1							
:				1	•						
	4			1	-				•		
Options:											1
				1							l
5 Year -	= \$ -	•			TOTAL MO	ONT	HI Y NORA	1Δ1	ANNIIITV		1
10 Year -	= \$ -			1	\$2,166.33	<u>~1411</u>	11UIII	17-11	AMION I		ŀ
20 Year -	-			L	Ym, 100.00						
Egual -	_= * -			Tak Xeevas ee	The Thilesia Liveta it is branch	Wallander.	AND SOUTH CONTRACTORS AND	ing co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ir in w	Control voluments
	92 = \$ 1,926.3	<u> </u>		DAVAB	LE ANNUITY:		1,926.30	1	יג אואר		
3.00	- Ψ 1,020.0°	<u> </u>		FATAB	LE ANNULIY:		1,820.3U				

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Participant Name:		DANIEUE	J. ANG	SADA	7	SSN: X	XX-XX-	
l elect t	o withdraw my ac	cumulated ber	nefit in the D	eferred	Retirement Opt	tional P	lan (DROP).	
Check	- the boxes below	that apply and	d complete <u>a</u>	all of the	requested info	rmation	•	
	I wish to have to consequences a Revenue Service	ssociated wit	h this optio	n and t	hat 20% will I	be with	held and forwar	at there may be tax rded to the Internal c.
	I wish to have consequences a Revenue Service	ssociated wit	h this optio	n and t	hat 20% will I	be with	held and forwar	t there may be tax rded to the Internal
	I wish to make a account:	direct transfe	er of the bal	ance of	the taxable an	nount to	the following q	ualified, tax-deferred
	Account Holder's	Name: DA	NIELLE	: J.	ANGLI	ADE		
	Account Number	:						
1	Account Type: [☐ IRA [1 45	7 Deferred (Compen	sation 🗌 iRS	Qualific	ed Plan 🔲 Oth	er
	Financial Institution	on's Name: _	Natic	2010	ide			
	Financial Instituti	on Address: _	PO B	OK_	183150	2	Colomba	3 DH 43218
	In order for this for must attest to the	orm to be vali e following sta	d, a represe tement. <u>Th</u>	entative o	of the financial will be returne	instituti ed witho	on for the above out this signatu	referenced account re.
	By signing below transfers from a contract transfers from a contract transfers from a contract transfer transfe	v, I confirm t qualified pensi	hat the acc	count ref we ackr	ferenced abov	ve is ar such wil	account qualif	ied to accept direct
· · · · · · · · · · · · · · · · · · ·	Signature of Fina				N	4	M	
f	1	-			/			
Particip	lanulle C ant's Signature (C1 SW96 Address	J. Cingle	udi _		<u>ψ / 2</u> ω / Date Signed	19	_	
12 Current	<u>ับเริ่มใน</u> Address	I TER	PEMBR Ci	WKE	PINES, 1	9	33025 Zip Code	
	-296-749				Otate		Zip Code	
Telepho	one Number	<u></u>	n-14-1					
Plan Ar	Iministrator's Sign	ature			<u>/// / Z0 /</u> Date Signed	19		
		J. 131 C			· ·			* %

DROP Account Statement For: Danielle Anglade

Statement Date: 3/31/2020

	Deposit	Interest	Balance
			ቁስ በበ
714 1004 4	#4.006.20	#0.00	\$0.00
7/1/2014	\$1,926.30	\$0.00	\$1,926.30
8/1/2014	\$1,926.30	\$0.00	\$3,852.60
9/1/2014	\$1,926.30	\$0.00	\$5,778.90
9/30/2014		**************************************	\$5,742.33
9/30/2014*		\$36.57	\$5,778.90
10/1/2014	\$1,926.30	\$0.00	\$7,705.20
11/1/2014	\$1,926.30	\$0.00	\$9,631.50
12/1/2014	\$1,926.30	\$0.00	\$11,557.80
12/31/2014		\$295.66	\$11,853.46
1/1/2015	\$1,926.30	\$0.00	\$13,779.76
2/1/2015	\$1;926.30	\$0.00	\$15,706.06
3/1/2015	\$1,926.30	\$0.00	\$17,632.36
3/31/2015		\$371,13	\$18,003.49
4/1/2015	\$1,926.30	\$0.00	\$19,929.79
5/1/2015	\$1,926.30	\$0.00	\$21,856.09
6/1/2015	\$1,926.30	\$0.00	\$23,782.39
6/30/2015		\$41.07	\$23,823.46
7/1/2015	\$1,926.30	\$0.00	\$25,749.76
8/1/2015	\$1,926.30	\$0.00	\$27,676.06
9/1/2015	\$1,926.30	\$0.00	\$29,602.36
9/30/2015		\$1,126.58	\$28,475.98
9/30/2015*		\$418.52	\$28,894.50
10/1/2015	\$1,926.30	\$0.00	\$30,820.80
11/1/2015	\$1,926.30	\$0.00	\$32,747.10
12/1/2015	\$1,926.30	\$0.00	\$34,673.40
12/31/2015		\$105622	\$35,729.62
1/1/2016	\$1,926.30	\$0.00	\$37,655.92
2/1/2016	\$1,926.30	\$0.00	\$39,582.22
3/1/2016	\$1,926.30	\$0.00	\$41,508.52
3/31/2016		\$670.16	\$42,178.68
4/1/2016	\$1,926.30	\$0.00	\$44,104.98
	. ,	•	

DROP Account Statement For: Danielle Anglade

Statement Date: 3/31/2020

	Deposit	Interest	Balance
5/1/2016	\$1,926.30	\$0.00	\$46,031.28
6/1/2016	\$1,926.30	\$0.00	\$47,957.58
6/30/2016		\$636 (0)	\$48,593.69
7/1/2016	\$1,926.30	\$0.00	\$50,519.99
8/1/2016	\$1,926.30	\$0.00	\$52,446.29
9/1/2016	\$1,926.30	\$0.00	\$54,372.59
9/30/2016		\$2,092,02	\$56,464.61
10/1/2016	\$1,926.30	\$0.00	\$58,390.91
11/1/2016	\$1,926.30	\$0.00	\$60,317.21
12/1/2016	\$1,926.30	\$0.00	\$62,243.51
12/31/2016		\$495.56	\$62,739.07
1/1/2017	\$1,926.30	\$0.00	\$64,665.37
2/1/2017	\$1,926.30	\$0.00	\$66,591.67
3/1/2017	\$1,926.30	\$0.00	\$68,517.97
3/31/2017		\$ 2,652,27	\$71,170.24
4/1/2017	\$1,926.30	\$0.00	\$73,096.54
5/1/2017	\$1,926.30	\$0.00	\$75,022.84
6/1/2017	\$1,926.30	\$0.00	\$76,949.14
6/30/2017		\$2,019.61	\$78,968.75
7/1/2017	\$1,926.30	\$0.00	\$80,895.05
8/1/2017	\$1,926.30	\$0.00	\$82,821.35
9/1/2017	\$1,926.30	\$0.00	\$84,747.65
9/30/2017		\$2,163,54	\$86,911.19
10/1/2017	\$1,926.30	\$0.00	\$88,837.49
11/1/2017	\$1,926.30	\$0.00	\$90,763.79
12/1/2017	\$1,926.30	\$0.00	\$92,690.09
12/31/2017		\$2,710.56	\$95,400.66
1/1/2018	\$1,926.30	\$0.00	\$97,326.96
2/1/2018	\$1,926.30	\$0.00	\$99,253.26
3/1/2018	\$1,926.30	\$0.00	\$101,179.56
3/31/2018		555000	\$100,616.20
4/1/2018	\$1,926.30	\$0.00	\$102,542.50
5/1/2018	\$1,926.30	\$0.00	\$104,468.80

DROP Account Statement For: Danielle Anglade

Statement Date: 3/31/2020

	Deposit	Interest	Balance	
6/1/2018	\$1,926.30	\$0.00	\$106,395.10	
6/30/2018		\$735.15	\$107,130.24	
7/1/2018	\$1,926.30	\$0.00	\$109,056.54	
8/1/2018	\$1,926.30	\$0.00	\$110,982.84	
9/1/2018	\$1,926.30	\$0.00	\$112,909.14	
9/30/2018		\$2,586,56	\$115,495.70	
10/1/2018	\$1,926.30	\$0.00	\$117,422.00	
11/1/2018	\$1,926.30	\$0.00	\$119,348.30	
12/1/2018	\$1,926.30	\$0.00	\$121,274.60	
12/31/2018	•	\$8,500.69	\$112,773.91	
1/1/2019	\$1,926.30	\$0.00	\$114,700.21	
2/1/2019	\$1,926.30	\$0.00	\$116,626.51	
3/1/2019	\$1,926.30	\$0.00	\$118,552.81	
3/31/2019		\$8,861,38	\$127,414.20	
4/1/2019	\$1,926.30	\$0.00	\$129,340.50	
5/1/2019	\$1,926.30	\$0.00	\$131,266.80	
6/1/2019	\$1,926.30	\$0.00	\$133,193.10	
6/19/2019**	\$21,043.26	\$0.00	\$154,236.36	
6/30/2019		\$4.31(.86)	\$158,548.22	
Life to 6/30/2019	\$136,621.26	\$21,926.96	158,548.22	
Payment 10/4/2019 Payment 3/16/2020	-\$136,621.26	-\$17,254.40 -\$4,672.56		
Life to Date	\$0.00	\$0.00		

DROP Start Date:

art Date: 7/1/2014

DROP End Date:

6/30/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name :	Lawrence Breighne	er Dept:	Public Works	· Date of	Birth/Age:		04/10/1961 50
Hire Date : 07	7/18/1994 DRO	Term Date: P Date :	09/19/2019 03/01/2017	Years o	f Service : months	C: S:	
Name of Beneficiary	Kim Beighner						
Date of Birth/Age	08/30/1963-54		Soc	ial Security Num	nber: _		_
			Hou Sick	rs Earn 163.80 \$	ings (include	ed in final ear 7,726.45	nings)
Earnings 10 Years P	recedina Retirement	•	Vacation	\$		7,720.40	•
Year	Gross	•	Holiday Comp.	\$ \$	1	-	
2008 \$	70,147.39		Bld Comp.	\$	1		
2009 \$	72,377.06		Total	163.80 \$		7,726.45	ververe relative avera ververe sentative avera
2010 \$	78,437.92	-					
2011 \$	75,660.12	4					Adjusted
2012 \$	71,159.43		Year.	No. Pays	Salary	Overtime	
2013 \$	76,839.72		2011	7			\$ -
2014 \$	84,731.46		2012	26			\$
2015 \$	87,415.52	•	2013	26			\$ -
2016 \$	92,328.57		2014	19			\$ -
2017 \$	18,276.20			\$	-		į.
Highest Consecutive	78 Pays		TOTAL				\$
Year No. Pays				ACC	RUED BENE	FIT	
2014 2°	1 \$	69,930.02		7,657.69 Avg	. Per Month	(gross/36)	•
2015 26	5 \$	87,415.52		3.0% Mul			
2016 26	§ \$	92,328.57		229.7306 Mor	•	/vear of serv	rice
	5 \$	18,276.20			rs of Servic		
Total 76		267,950.31	1	\$5,283.80 Mor			
Leave Payout	,	7,726.45		\$5,203.00 NO	itiny ivoima	a Attituity	i .
- COMBINED TO STANDARD COMBINED TO STANDARD STAN	-						
Totals	\$	275,676.76					
Options:					•		
5 Year	= \$ -	•		TOTAL MONT	HLY NORM	AL ANNUITY	ŀ
10 Year -	= \$ -			\$5,283.80			1
20 Year -	= \$ -						
Equal - 0.890	0 = \$ 4,702.59		Residence in th		1881 N. 1914 Per 182 N. 18		
Half -	= \$ -		PAYABLE AN	(NUITY: \$2	4,702.59	11/1) ~	16 A 35 W 18 18 18
			Will also Euro	120 (20 Politica)	the house for the		6. 机铁铁 护车

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Partici	pant Name: Lawrence A Breighner SSN: XXX-X
I elect t	o withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).
Check	the boxes below that apply and complete <u>all</u> of the requested information.
	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
X	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:
	Account Holder's Name: Lawrence A Breighner
	Account Number:
	Account Type:
	Financial Institution's Name: Nationwide
	Financial Institution Address: <u>Nation wide</u> <u>Retirement Solutions</u> Policy 192797 In order for this form to be valid, a representative of the financial institution for the above referenced account <u>must</u> attest to the following statement. <u>This form will be returned without this signature.</u>
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.
	Signature of Financial Institution Authorized Representative
- Jac Particip	Weren & Breighner 8 126 120 19 Date Signature Date Signed
22 Curren	5 NW. 80 Th Testace Margate F1 33063 t Address City State Zip Code
73 Teleph	54-234-883/ one Number
	Sanley 9,4,19
Plan A	dministrator's 8 ignature Date Signed

DROP Account Statement For: Lawrence Breighner

Statement Date: 3/31/2020

	Deposit	Interest	Balance
2/1/2017	\$0.00	\$0.00	\$0.00
3/1/2017	\$4,702 <i>.</i> 59	\$0.00	\$4,702.59
3/31/2017	, ,,	\$62.43	\$4,765.02
4/1/2017	\$4,702.59	\$0.00	\$9,467.61
5/1/2017	\$4,702.59	\$0.00	\$14,170.20
6/1/2017	\$4,702.59	\$0.00	
6/30/2017	Ţ 1,1 02.00	фо.30 \$381745	\$18,872.79
7/1/2017	\$4,702.59	\$0.00	\$19,254.24
8/1/2017	\$4,702.59	\$0.00	\$23,956.83
9/1/2017	\$4,702.59	\$0.00	\$28,659.42
9/30/2017	ψ F,1 O2.03	\$748.66	\$33,362.01
10/1/2017	\$4,702.59	\$0.00	\$34,110.66
11/1/2017	\$4,702.59	\$0.00	\$38,813.25
12/1/2017	\$4,702.59	\$0.00 \$0.00	\$43,515.84
12/31/2017	Ψ-1,1 02.03	\$0.00 \$31,299.54	\$48,218,43
1/1/2018	\$4,702.59	\$0.00	\$49,517.98
2/1/2018	\$4,702.59		\$54,220.57
3/1/2018	\$4,702.59	\$0.00	\$58,923.16
3/31/2018	ψ+,102.08	\$0.00	\$63,625.75
4/1/2018	\$4,702.59		\$63,291.30
5/1/2018	\$4,702.59	\$0.00	\$67,993.89
6/1/2018		\$0.00	\$72,696.48
6/30/2018	\$4,702.59	\$0.00	\$77,399.07
	Ŷ4 700 FO	\$511.56	\$77,910.63
7/1/2018	\$4,702.59	\$0.00	\$82,613.22
8/1/2018	\$4,702.59	\$0.00	\$87,315.81
9/1/2018	\$4,702.59	\$0.00	\$92,018.40
9/30/2018	A	\$2,034.97	\$94,053.37
10/1/2018	\$4,702.59	\$0.00	\$98,755.96
11/1/2018	\$4,702.59	\$0.00	\$103,458.55

DROP Account Statement For: Lawrence Breighner

Statement Date: 3/31/2020

	Deposit	Interest	Balance
12/1/2018	\$4,702.59	\$0.00	\$108,161.14
12/31/2018	·	\$7,368.91	\$100,792.24
1/1/2019	\$4,702.59	\$0.00	\$105,494.83
2/1/2019	\$4,702.59	\$0.00	\$110,197.42
3/1/2019	\$4,702.59	\$0.00	\$114,900.01
3/31/2019		\$8,372.87	\$123,272.88
4/1/2019	\$4,702.59	\$0.00	\$127,975.47
5/1/2019	\$4,702.59	\$0.00	\$132,678.06
6/1/2019	\$4,702.59	\$0.00	\$137,380.65
6/19/2019**	\$18,200.82	\$0.00	\$155,581.47
6/30/2019		\$\$4,326,31	\$159,907.79
7/1/2019	\$4,702.59	\$0.00	\$164,610.38
8/1/2019	\$4,702.59	\$0.00	\$169,312.97
9/1/2019	\$2,882.23	\$0.00	\$172,195.20
9/19/2019		\$1,862,03	\$174,057.23
Life to 9/19/2019	\$162,160.75	\$11,896.48	\$174,057.23
Payment 12/6/2019 Payment 3/20/2020	-\$162,160.75	-\$4,704.16 -\$7,192.31	·
Life to Date	\$0.00	\$0.00	

DROP Start Date: γ

3/1/2017

DROP End Date:

9/19/2019

^{**}Refund of Contributions per Ordinance O-2019-14.



Name :	Daniel Cescon	Dept :	Dev. Services	Date of Birth/Age:	11/16/1960
Hire Date :	07/05/1989	Term Date: DROP Date:	07/05/2019 _08/01/2014	Years of Service :	C: 25.08
Name of Beneficia	ary Elleen Cescon	& Denise Swartz	-	7 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	S:
Date of Birth/Age			Social	Security Number :	
	Control of the second	6 m		occurry Number :	
			Hours	Earnings (included in fir	nal parninge)
Earnings 10 Years Year	Preceding Retiremen Gross	14 L 1 L 1	Holiday	195.89 \$ 8,493.79 51.7 \$ 2,241.71	
2005 \$ 2006 \$	64,396.80 73,441.28		Bld Comp.		
2007 \$ 2008 \$	72,044.59	•	Total	247,59 \$ 10,735.50	
2009 \$ 2010 \$	75,253.50 77,315.53 80,527.26		Year No	p. Pays Overtime Adjusted 13 \$ -	Gross
2011 \$ 2012 \$ 2013 \$ 2014 \$	78,880.10 69,808.80 71,177.60		2009 2010 2011	26 \$. 26 \$. 13 \$.	
Highest Consecuti	44,277.44 ve 78 Pays	· · · · · · · · · · · · · · · · · · ·	TOTAL	\$ - \$ - 78 \$ -	
Year No. Pay	S			A CONTROL OF THE CONT	
		39,047.90	6,9	ACCRUED BENEFIT 988.94 Avg. Per Month (gross	/36)
		77,315.53 30,527.26	İ	3.0% Multiplier	
2011		13,975.70	209	0.6682 Monthly benefit/year o 25.08 Years of Service	f service
Leave Payout	78 \$ 22	0,866.39 0,735.50	\$5,2	25.00 Tears or Service 258.48 Monthly Normal Annui	ty
Totals	\$ 25	1,601.89			
/ :					
Options:					
5 Year	= \$ - = \$ - = \$ -		<u>TOT.</u> \$5,2	<u>AL MONTHLY NORMAL ANN</u> 58.48	<u>UITY</u>
Equal - 0.953	= \$ 12 = \$ 5,012.38		PAYABLE ANNUIT	Y: \$5,012,38	

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

PLANNED RETIREMENT BENEFIT LUMP SUM DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

	•			mant Fund	†*************************************	20JUN'19 RCVD
Plan N	ame:	City of Hollywood	Employees Reute			
Partici	pant Name:	Daniel L	1 Cescon	ssn:		
for the benefic reporti will be	e purpose of clary; the pr ng; or other used solely fo	ection 119.071(5)(a) determining eligibli ocessing of retirem notice or disclosures or one or more of the	2., Florida Statutes lity for retirement tent benefits; ver related to retireme se purposes.	ification of reti ent benefits. Yo	ement benefits; Inc ur social security nui	come mber
وانعتاصالم	utions that ar and complete	Requirement – A 20 e eligible for rollover all of the requested i	nformation.	, , , , , , , , , , , , , , , , , , , ,		
П		the medien elletellerit	lon made navable t	lirectly to me (re	sults in 20% withhold	ling).
X	I wish to hav	ve \$ <u>125,000</u>	made payable di	irectly to me (res	uits in 20% withholdi	ng).
A	I wish to ma	nke a direct transfer o I account: Account I	of the balance of the Number:	taxable amount	to the following qual	ified,
	*Financial In Type:	nstitution's Name: nstitution Address: // A	LPL Fine	incial le Blud. St s Qualified Plan	e 245 Wyoni	ssing PA 1964
	In order for referenced without th	r this form to be va account <u>must</u> attes i s signature.	ilid, a representative to the following	statement. Th	s form will be ret	urned
	direct trans	below, I confirm tha fers from a qualified	pension plan and w	C CONTRACTOR A		accept oted."
	Signature c	of Financial Institution	n Authorized Repres	entative:		
	*Unless o financial i	therwise requestenstitution.	d, the distribution	n check will l	e mailed directly	to the
	Participant	re Malese 's Signature	m		<u> 20 </u>	-
-	,	WIMIN R	à TAMAQUE	7 <u>A</u>	18252 Zip Code	
<u>9</u> 5	Telephone	Number Number Signature			E/Zo/17. Date Signed	

DROP Account Statement For: Daniel Cescon

Statement Date: 03/31/2020

	Deposit	Deposit Interest	
8/1/2014	\$5,012.38	\$0.00	\$5,012.38
9/1/2014	\$5,012.38	\$0.00	\$10,024.76
9/30/2014	\$0,00	\$47,58	\$9,977.18
9/30/2014*	\$0.00	\$47.58	\$10,024.76
10/1/2014	\$5,012.38	\$0.00	\$15,037.14
11/1/2014	\$5,012.38	\$0.00	\$20,049.52
12/1/2014	\$5,012.38	\$0.00	\$25,061.90
12/31/2014	\$0.00	\$616.34	\$25,678.24
1/1/2015	\$5,012.38	\$0.00	\$30,690.62
2/1/2015	\$5,012.38	\$0.00	\$35,703.00
3/1/2015	\$5,012.38	\$0.00	\$40,715.38
3/31/2015	\$0.00	\$843.65	\$41,559.03
4/1/2015	\$5,012.38	\$0.00	\$46,571.41
5/1/2015	\$5,012.38	\$0.00	\$51,583.79
6/1/2015	\$5,012.38	\$0.00	\$56,596.17
6/30/2015	\$0.00	\$96.93	\$56,693.10
7/1/2015	\$5,012:38	\$0.00	\$61,705.48
8/1/2015	\$5,012.38	\$0.00	\$66,717.86
9/1/2015	\$5,012.38	\$0.00	\$71,730.24
9/30/2015	\$0.00	\$2,715.33	\$69,014.91
9/30/2015*	\$0.00	\$1,158.41	\$70,173.32
10/1/2015	\$5,012.38	\$0.00	\$75,185.70
11/1/2015	\$5,012.38	\$0.00	\$80,198.08
12/1/2015	\$5,012.38	\$0.00	\$85,210.46
12/31/2015	\$0.00	\$2/586/69	\$87,797.15
1/1/2016	\$5,012.38	\$0.00	\$92,809.53
2/1/2016	\$5,012.38	\$0.00	\$97,821.91
3/1/2016	\$5,012.38	\$0.00	\$102,834.29
3/31/2016	\$0.00	4/461/656/20	\$104,490.51
4/1/2016	\$5,012.38	\$0.00	\$109,502.89
5/1/2016	\$5,012.38	\$0.00	\$114,515.27
6/1/2016	\$5,012.38	\$0.00	\$119,527.65

DROP Account Statement For: Daniel Cescon

Statement Date: 03/31/2020

	Deposit	Interest	Balance
6/30/2016	\$0.00	\$1,582.48	. \$121,110.13
7/1/2016	\$5,012.38	\$0.00	\$126,122.51
8/1/2016	\$5,012.38	\$0.00	\$131,134.89
9/1/2016	\$5,012.38	\$0.00	\$136,147.27
9/30/2016	\$0.00	\$5,230.82	\$141,378.09
10/1/2016	\$5,012.38	\$0.00	\$146,390.47
11/1/2016	\$5,012.38	\$0.00	\$151,402.85
12/1/2016	\$5,012.38	\$0.00	\$156,415.23
12/31/2016	\$0.00	\$1,243.92	\$157,659.15
1/1/2017	\$5,012.38	\$0.00	\$162,671.53
2/1/2017	\$5,012.38	\$0.00	\$167,683.91
3/1/2017	\$5,012.38	\$0.00	\$172,696.29
3/31/2017	\$0.00	\$ 6,678,66	\$179,374.95
4/1/2017	\$5,012.38	\$0.00	\$184,387.33
5/1/2017	\$5,012.38	\$0.00	\$189,399.71
6/1/2017	\$5,012.38	\$0.00	\$194,412.09
6/30/2017	\$0.00	65 855 098.63	\$199,510.72
7/1/2017	\$5,012.38	\$0.00	\$204,523.10
8/1/2017	\$5,012.38	\$0.00	\$209,535.48
9/1/2017	\$5,012.38	\$0.00	\$214,547.86
9/30/2017	\$0.00	\$5,473,68	\$220,021.54
10/1/2017	\$5,012.38	\$0.00	\$225,033.92
11/1/2017	\$5,012.38	\$0.00	\$230,046.30
12/1/2017	\$5,012.38	\$0.00	\$235,058.68
12/31/2017	\$0.00	\$6,870,09	\$241,928.77
1/1/2018	\$5,012.38	\$0.00	\$246,941.15
2/1/2018	\$5,012.38	\$0.00	\$251,953.53
3/1/2018	\$5,012.38	\$0.00	\$256,965.91
3/31/2018	\$0.00		\$255,535.82
4/1/2018	\$5,012.38	\$0.00	\$260,548.20
5/1/2018	\$5,012.38	\$0.00	\$265,560.58
6/1/2018	\$5,012.38	\$0.00	\$270,572.96

DROP Account Statement For: Daniel Cescon

Statement Date: 03/31/2020

6/30/2018	\$0.00	\$1.868.75	\$272,441.71
7/1/2018	\$5,012.38	\$0.00	\$277,454.09
8/1/2018	\$5,012.38	\$0.00	\$282,466.47
9/1/2018	\$5,012.38	\$0.00	\$287,478.85
9/30/2018	\$0.00	\$6,583,16	\$294,062.00
10/1/2018	\$5,012.38	\$0.00	\$299,074.38
11/1/2018	\$5,012:38	\$0.00	\$304,086.76
12/1/2018	\$5,012.38	\$0.00	\$309,099.14
12/31/2018	\$0.00	#\\\\\$21\ 658.85	\$287,440.29
1/1/2019	\$5,012.38	\$0.00	\$292,452.67
2/1/2019	\$5,012.38	\$0.00	\$297,465.05
3/1/2019	\$5,012.38	\$0.00	\$302,477.43
3/31/2019	\$0.00	\$22,601,65	\$325,079.09
4/1/2019	\$5,012.38	\$0.00	\$330,091.47
5/1/2019	\$5,012.38	\$0.00	\$335,103.85
6/1/2019	\$5,012.38	\$0.00	\$340,116.23
6/19/2019**	\$33,504.54	\$0.00	\$373,620.77
6/30/2019	\$0.00	\$10,797,40	\$384,418.17
7/5/2019	\$808.45	\$273.39	\$385,500.01
Life to 7/05/2019	\$330,043.41	\$55,456.60	385,500.01
Payment 9/12/2019 Payment 9/12/2019 Payment 3/16/2020 Life to Date	-\$125,000.00 -\$205,043.41 	\$0.00 -\$43,443.00 -\$12,013.60 \$0.00	\$0.00



DROP Start Date: DROP End Date:

8/1/2014 7/5/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name :	Maximillian	Diah Dept :	Public Utilities	Dai	te of Birth/Age:	_	01/07/1948 67
		Term Date:	08/16/2019			0-	40.00
Hire Date :	02/24/2003	DROP Date :	09/01/2014		ars of Service : I 6 months	C:_ S:	
Name of Benefic	iary			Furchasec		<u></u>	
Date of Birth/Age	e		Sc	ocial Security	Number: _		
			He	ours	Earnings (includ	ed in final earni	inas)
			Sick	5415	\$		94,
Earnings 10 Yea	rs Preceding Reti	rement	Vacation	125.00	\$	3,580.00	
Year	' Gro	oss	Holiday		\$	-	
			Comp.		\$	-	
2005 \$	30,599.		Bld Comp.	endaren eren kener.	S ventuoren manaren aleman		Profesion Constitution Street Arts
2006 \$	35,214.		l otal	125.00	S	3,580.00	
2007 \$	37,419.		Į.				Adjunted
2008 \$	41,569.		V	No Dave	Colomi	Overtime	Adjusted Salary
2009 \$	41,892.		Year 2011	No. Pays	Salary \$ 13,641.60	Overunie	\$ 13,641.60
2010 \$ 2011 \$	42,971. 43,680.		2012		\$ 45,063.64		\$ 45,063.64
2011 \$ 2012 \$	45,060. 45,063.		2012		\$ 46,472.67		\$ 46,472.67
2013 \$	46,472.		2014	18			\$ 32,616.53
2014 \$	32,616.				• 00,000		
Highest Consec	utive 78 Pays		TOTAL		\$ 137,794.44	\$	\$ 137,794.44
1							
Year No. P	ays				ACCRUED BENI		
2011	8	\$ 13,641.60		3,927.07	Avg. Per Monti	n (gross/36)	
2012	26	\$ 45,063.64		<u>3.0%</u>	Multiplier		
2013	26	\$ 46,472.67		117.8120	Monthly benef	it/year of serv	ice
2014	18	\$ 32,616.53	1	12.00	Years of Service	ce	1
Total	78 \$	137,794,44			Monthly Norm		
Leave Payout	in Constant	3,580.00	1	4.,			
Totals		141,374.44					
AND THE SECTION OF THE	and the second of the second o	ing an ang ang ang ang ang ang ang ang an					
			1				!
	*						
		•					
Options:				•			
5 Year -	= \$	-		TOTAL M	ONTHLY NORM	IAL ANNUITY	
10 Year -	= \$			\$1,413.74			ļ
20 Year -	= \$	•	<u> </u>		" "		
Equal -			168 S (4) (6) (5) (1) (1) (10)	2017 18 47 640		11/2 /	780307833367
Half -			PAYARIF	ANNUITY:	\$1,413.74	・レクノ	
	· · · · ·	 .				ر در کرا	

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	oant Name:	MAXMI.	LLAN C	DIAH		I: XXX-XX-	•
I elect to	o withdraw my a	ccumulated b	enefit in th	e Deferred F	Retirement Option	al Plan (DROP).	•
Check -	the boxes below	w that apply a	ind comple	te <u>all</u> of the r	equested informa	tion.	
	consequences	associated v	vith this o	ption and th	at 20% will be	e. I understand that withheld and forward y Federal income tax.	
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.						
	I wish to make account:	a direct trans	sfer of the	balance of	he taxable amou	nt to the following qua	alified, tax-deferred
	Account Holder	's Name:					
	Account Numb	er:		· ·			
	Account Type:	□ IRA 🂢	457 Deferr	ed Compens	sation IRS Qu	ualified Plan 🔲 Othe	r
	Financial Institu	ution's Name:	Nata	2011/0	le '		
	Financial Institu	ution Address	PO B	box 18	3150 Co	lubs OH	43218
. ,						stitution for the above without this signatur	
						is an account qualific	ed to accept direct
	Signature of Fi	nancial Institu	ition Authoi	rized Repres	entative:	r M	
	all					V	
Partien	Sant's Signature			**************************************	08 14 1 Date Signed /	9	
Curren	t Address			City	State	Zip Code	·
Teleph	one Number					•	
	3	len			811417	2019.	
Plan A	dministrator's Si	gnature			Date Signed		

DROP Account Statement For: Maximillan Diah

Statement Date: 3/31/2020

	Deposit	Interest	Balance
9/1/2014	\$1,413.74	\$0.00	\$1,413.74
9/30/2014		-\$4,47	\$1,409.27
9/30/2014*		\$4.47	\$1,413.74
10/1/2014	\$1,413.74	\$0.00	\$2,827.48
11/1/2014	\$1,413.74	\$0.00	\$4,241.22
12/1/2014	\$1,413.74	\$0.00	\$5,654.96
12/31/2014		\$130.55	\$5,785.51
1/1/2015	\$1,413.74	\$0.00	\$7,199.25
2/1/2015	\$1,413.74	\$0.00	\$8,612.99
3/1/2015	\$1,413.74	\$0.00	\$10,026.73
3/31/2015		\$203.52	\$10,230.25
4/1/2015	\$1,413.74	\$0.00	\$11,643.99
5/1/2015	\$1,413.74	\$0.00	\$13,057.73
6/1/2015	\$1,413.74	\$0.00	\$14,471.47
6/30/2015		\$24.54	\$14,496.01
7/1/2015	\$1,413.74	\$0.00	\$15,909.75
8/1/2015	\$1,413.74	\$0.00	\$17,323.49
9/1/2015	\$1,413.74	\$0.00	\$18,737.23
9/30/2015		\$705.04	\$18,032.18
9/30/2015*		\$346.44	\$18,378.62
10/1/2015	\$1,413.74	\$0.00	\$19,792.36
11/1/2015	\$1,413.74	\$0.00	\$21,206.10
12/1/2015	\$1,413.74	\$0.00	\$22,619.84
12/31/2015		\$680.98	\$23,303.82
1/1/2016	\$1,413.74	\$0.00	\$24,717.56
2/1/2016	\$1,413.74	\$0.00	\$26,131.30
3/1/2016	\$1,413.74	\$0.00	\$27,545.04
3/31/2016		\$442,43	\$27,987.46
4/1/2016	\$1,413.74	\$0.00	\$29,401.20
5/1/2016	\$1,413.74	\$0.00	\$30,814.94
6/1/2016	\$1,413.74	\$0.00	\$32,228.68
6/30/2016		\$425,83	\$32,654.51
7/1/2016	\$1,413.74	\$0.00	\$34,068.25

DROP Account Statement For: Maximillan Diah

Statement Date: 3/31/2020

	Deposit	Interest	Balance	
8/1/2016	\$1,413.74	\$0.00	\$35,481.99	
9/1/2016	\$1,413.74	\$0.00	\$36,895.73	
9/30/2016		\$1:415.34	\$38,311.07	
10/1/2016	\$1,413.74	\$0.00	\$39,724.81	
11/1/2016	\$1,413.74	\$0.00	\$41,138.55	
12/1/2016	\$1,413.74	\$0.00	\$42,552,29	
12/31/2016		\$337.99	\$42,890.28	
1/1/2017	\$1,413.74	\$0.00	\$44,304.02	
2/1/2017	\$1,413.74	\$0.00	\$45,717.76	
3/1/2017	\$1,413.74	\$0.00	\$47,131.50	
3/31/2017		\$ 7.820.89	\$48,952.39	
4/1/2017	\$1,413.74	\$0.00	\$50,366.13	
5/1/2017	\$1,413.74	\$0.00	\$51,779.87	
6/1/2017	\$1,413.74	\$0.00	\$53,193.61	
6/30/2017		\$1,393.97	\$54,587.52	
7/1/2017	\$1,413.74	\$0.00	\$56,001.26	
8/1/2017	\$1,413.74	\$0.00	\$57,415.00	
9/1/2017	\$1,413.74	\$0.00	\$58,828,74	
9/30/2017		\$1,499.85	\$60,328.59	
10/1/2017	\$1,413.74	\$0.00	\$61,742.33	
11/1/2017	\$1,413.74	\$0.00	\$63,156.07	
12/1/2017	\$1,413.74	\$0.00	\$64,569.81	
12/31/2017		\$1,886.09	\$66,455.90	
1/1/2018	\$1,413.74	\$0.00	\$67,869.64	
2/1/2018	\$1,413.74	\$0.00	\$69,283.38	
3/1/2018	\$1,413.74	\$0.00	\$70,697.12	
3/31/2018			\$70,303.86	
4/1/2018	\$1,413.74	\$0.00	\$71,717.60	
5/1/2018	\$1,413.74	\$0.00	\$73,131,34	
6/1/2018	\$1,413.74	\$0.00	\$74,545.08	
6/30/2018		\$514.62	\$75,059.71	
7/1/2018	\$1,413.74	\$0.00	\$76,473.45	
8/1/2018	\$1,413.74	\$0.00	\$77,887.19	

DROP Account Statement For: Maximillan Diah

Statement Date: 3/31/2020

****	Deposit	Interest	Balance
9/1/2018	\$1,413.74	\$0.00	\$79,300.93
9/30/2018		\$1,815/24	\$81,116.16
10/1/2018	\$1,413.74	\$0.00	\$82,529.90
11/1/2018	\$1,413.74	\$0.00	\$83,943.64
12/1/2018	\$1,413.74	\$0.00	\$85,357.38
12/31/2018		\$5,978,96	\$79,378.42
1/1/2019	\$1,413.74	\$0.00	\$80,792.16
2/1/2019	\$1,413.74	\$0.00	\$82,205.90
3/1/2019 *	\$1,413.74	\$0.00	\$83,619.64
3/31/2019		\$6,246,08	\$89,865.72
4/1/2019	\$1,413.74	\$0.00	\$91,279.46
5/1/2019	\$1,413.74	\$0.00	\$92,693.20
6/1/2019	\$1,413.74	\$0.00	\$94,106,94
6/19/2019**	\$19,206.97	\$0.00	\$113,313.91
6/30/2019	•	\$3,089.97	\$116,403.88
7/1/2019	\$1,413.74	\$0.00	\$117,817.62
8/1/2019	\$729.67	\$0.00	\$118,547.29
8/16/2019		\$787,83	\$119,335.12
8/16/2019	\$103,347.30	\$15,987.82	119,335.12
Payment 01/10/2020 Payment 03/16/2020	-\$103,347.30	-\$15,199.99 \$787.83	
Life to Date	\$0.00	\$0.00	

DROP Start Date:

9/1/2014

DROP End Date:

8/16/2019

^{*}Interest adjustment

^{**}Refund of Contributions per Ordinance O-2019-14, less 6 months purchased forward



Name :	Angela Hein	Dept:	İT	Date of Birth/Age:	11/29/1963 5
Hire Date : 08	Term Date: /15/1994 DROP Date :		08/15/2019 02/01/2019	Years of Service :	C: 25.00
Name of Beneficiary	William Hein, Jr			Purchase 6 months	S:
Date of Birth/Age	06/14/1955-64			Social Security Number :	İ
				Hours Earnings (Included in final e	earnings)
Earnings 10 Years Pr	eceding Pottrement		Sick	64.08 \$ 3,578.2	23
Year	Gross		Vacation Holiday	\$ -	
	2,733		Comp.		
2010 \$	95,378.00		Bld Comp.	š	
2011 \$	91,389.68		Total	64.08 \$ 3,578.2	23
2012 \$	87,373.20				Particular Married of Conference of the 100
2013 \$	94,042.09				Adjusted
2014 \$	98,720.00		Year	No. Pays Salary Overtime	
2015 \$	103,036.80		2011	7	\$ -
2016 \$	106,600.80		2012	26	\$ -
2017 \$ 2018 \$	114,876.00		2013	26	\$ -
2019 \$	113,539.20 8,934.40		2014	19	\$ -
2010 ψ	0,954.40			\$ -	
Highest Consecutive	78 Pays		TOTAL	78 \$ - \$	\$ ***
Year No. Pays				ACCRUED BENEFIT	
2016 23	\$ 94,394.40	n	1		,
2017 27	\$ 114,876.00			9,314.51 Avg. Per Month (gross/36)
2018 26			1	3.0% Multiplier	_
2019 2				279.4352 Monthly benefit/year of se	ervice
	90.7			25.00 Years of Service	
	\$ 331,744.0	A 0"		\$6,985.88 Monthly Normal Annuity	
Leave Payout	\$ 3,578.23	3	1	• •	
Totals	\$ 335,322.2	3	I		ŀ
	1 (1)				
			ı		ļ.
Options:					
J					
5 Year -	- •				
o year -	= <u>\$ -</u>			TOTAL MONTHLY NORMAL ANNUIT	<u> </u>
	= \$ -			\$6,985.88	
20 Year -	= \$ -				
Equal - 0.9385			Z. G. S. L.	nt.	,
Half -	= <u>\$ -</u>		PAYABL	E ANNUITY: \$6,556.25	Carrie November 1
			1507 S. E. B.		

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained In Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	pant Name: ANGEIA HEIN SSN: XXX-XX-
I elect to	o withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).
Check -	the boxes below that apply and complete <u>all</u> of the requested information.
	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
Ø	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:
	Account Holder's Name: Angela Hein
	Account Number:
	Account Type: 🔼 IRA 🔲 457 Deferred Compensation 🔲 IRS Qualified Plan 🔲 Other
	Financial Institution's Name: UBS Financial Services
•	Financial Institution Address: 1885 NE 29 Ave, FUI, Aventua FL 33180
	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.
·	By signing below, I confirm that the account referenced above is an account qualified to accept direc transfers from a qualified pension plan and we acknowledge that such will be accepted.
,	Signature of Financial Institution Authorized Representative: Banker BRAD ROS EWBEYZG, BRANCH MANAGEYZ
Current	Date Signed (84 NW 17 Ct. Pembroka Pire) F1 33024 Address City State Zip Code State V94-5488
Plan Ad	ministrater's Signature Date Signed

DROP Account Statement For: Angela Hein

Statement Date 3/31/2020

	Deposit	Interest	Balance	
2/1/2019	\$6,556.25	\$0.00	\$6,556.25	
3/1/2019	\$6,556.25	\$0.00	\$13,112.50	
3/31/2019	\$0.00	\$442.75	\$13,555.25	
4/1/2019	\$6,556.25	\$0.00	\$20,111.50	
5/1/2019	\$6,556.25	\$0.00	\$26,667.75	
6/1/2019	\$6,556.25	\$0.00	\$33,224.00	
6/19/2019*	\$4,690.61	\$0.00	\$37,914.61	
6/30/2019	\$0.00	\$880.28	\$38,794.89	
7/1/2019	\$6,556.25	\$0.00	\$45,351.14	
8/1/2019	\$3,172.38	\$0.00	\$48,523.52	
8/15/2019		\$303,80	\$48,827.32	
Life to 8/15/2019	\$47,200.49	\$1,626.83	48,827.32	
Payment 11/8/2019 Payment 3/16/2020	-\$47,200.49 \$0.00	\$0.00 \$1,626.83	3	
Life to Date	\$0.00	\$0.00		

DROP Start Date:

2/1/2019

DROP End Date:

8/15/2019

^{*}Refund of Contributions per Ordinance O-2019-14.



Name:	Laura Hofler D	ept: <u>Financi</u>	ial Svc	Date of	Birth/Age:		11/01/1956
Hire Date : 08	Term Dat 3/28/2001 DROP Date :	e: 07/31/2 08/01/2		Years o Purchase 1	f Service :	C:	
Name of Beneficiary				Purchase i	monus	S:	
Date of Birth/Age			Socia	l Security Num	nber:		
•	A Company of the Comp			•			*•
			Hours	Earn	ings (includ	ed in final ear	nings)
		Sick		1.02 \$	• • •	25.68	
Earnings 10 Years P		Vacatio	on .	5.68 \$		143.02	•
Year	Gross	Holiday	/	\$			
		Comp.		.\$,
2005 \$	30,321.05	Bld Co		\$		ensistenti en en en en en en en en en en en en en	a day to stratifying a not decrease the same and
2006 \$	34,351.28	Total		3 √6.70 √\$		168.70	
2007 \$	36,336.69		4	-			
2008 \$	38,864.03				24.0		Adjusted
2009 \$	39,492.02			No. Pays	Salary	Overtime	· '
2010 \$	39,942.21		2011	7			\$
2011 \$	38,815.06		2012	26	•		\$ -
2012 \$	38,392.86		2013	26			\$ -
2013 \$	39,145.62	1 2	2014	19		•	\$ -
2014 \$	24,309.06		•	\$ e		•	
Highest Consecutive	78 Pays	ТО	TAL	78 \$		\$	\$
Year No. Pays	-			ACC	RUED BENI	EFIT	
2008 14	\$ 21,123.23	i	:	3,313.42 Avg	. Per Monti	n (gross/36)	·
2009 26	\$ 39,492.02	j		3.0% Mul		,	. 1
2010 26	\$ 39,942.21	• 1		99.4025 Mor		it/vear of serv	/ice
2011 12					rs of Service		
Total 78			\$	1,292.23 Mor			
Leave Payout	\$ 168.70	*	Ψ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ining itomic	an Annualty	
Totals	\$ 119,282.96					•	
I VIGIS	13,402.30	j		•			
•							
•]					
Options:				·	٠.		
5 Year -	_= <u>\$</u>			<u>OTAL MONTI</u>	<u>HLY NORM</u>	<u>AL ANNUITY</u>	
10 Year -	= \$ -	i	\$	1,292.23	*		
20 Year -	= \$ -	-			,,	**************************************	
Equal -	= \$ -	40-50 per CE	naj venjeja se	Hillari S. Yu	Liver Courses The	de de warenderd	entraskaj kraj pagalija
Half - 0.000	D = \$ -	PA	YABLE ANN	UITY: \$	1,292,23		
		 11 年分享等級指数 	gitte gjate attaktet ha hegje gjet	36.全有在国际的影响,但其他是国际		(1969年) 建合规基金经验的基础设置	2008年12日 日本学生 医多种性

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

	ant Name:	Laura			SSN: XXX-XX-	
I elect to	withdraw my acc	umulated benefit	in the Deferred Re	tirement O	Optional Plan (DROP).	
Check -	L.		mplete <u>all</u> of the red			
		ecciated with t	nis option and that ithholding to be cre-	dited again	to me. I understand that there may be tax will be withheld and forwarded to the Internal winst my Federal income tax.	
	Revenue Service	ssociáted with t as income tax w	his option and tha vithholding to be cre	t 20% wil dited agair	to me. I understand that there may be tax will be withheld and forwarded to the Internal ainst my Federal income tax.	'CVD
	I wish to make a account:	direct transfer of	of the balance of th	e taxable a	e amount to the following qualified, tax-deferred	
	Account Holder's	Name:	AURA HOFL	ER		
	Account Number					٠
	Account Type: [] IRA ∑ 457	Deferred Compensa	ation 🔲 II	IRS Qualified Plan Other	
	Financial Instituti	on's Name: \bigwedge	lationwid	Q	Columbs OH 43218	
	In order for this t must attest to th	form to be valid, e following state	a representative of ment. <u>This form w</u>	the financ	ncial institution for the above referenced account turned without this signature.	
	By signing belo transfers from a	w, I confirm the qualified pension	at the account refe n plan and we ackn	erenced al owledge th	above is an account qualified to accept direct that such will be accepted.	
	Signature of Fina	ancial Institution	Authorized Represe	entative:	minor	
Curre	sipant's Signature 2/8 NW / ent Address 954) 261-6 Shone Number	- 4 Court 0251	Pembroke City	Date Sign Pina State	2,19 gned 5 FL 33026 ate Zip Code	
	Bul	jnatu re		7 / (Date Sign	$\frac{l_{2}z_{0}}{c}$	

DROP Account Statement For: Laura Hofler

Statement Date 3/31/2020

	Deposit	Interest	Balance		
8/1/2014	\$1,292.23	\$0.00	\$1,292.23		
9/1/2014	\$1,292.23	\$0.00	\$2,584.46		
9/30/2014	\$0.00	\$12,27	\$2,572.19		
9/30/2014*	\$0.00	\$12.27	\$2,584.46		
10/1/2014	\$1,292.23	\$0.00	\$3,876.69		
11/1/2014	\$1,292.23	\$0.00	\$5,168.92		
12/1/2014	\$1,292.23	\$0.00	\$6,461.15		
12/31/2014	\$0.00	\$158.90	\$6,620.05		
1/1/2015	\$1,292.23	\$0.00	\$7,912.28		
2/1/2015	\$1,292.23	\$0.00	\$9,204.51		
3/1/2015	\$1,292.23	\$0.00	\$10,496.74		
3/31/2015	\$0.00	\$217,50	\$10,714.24		
4/1/2015	\$1,292.23	\$0.00	\$12,006,47		
5/1/2015	\$1,292.23	\$0.00	\$13,298.70		
6/1/2015	\$1,292.23	\$0.00	\$14,590.93		
6/30/2015	\$0.00	\$24.99	\$14,615.92		
7/1/2015	\$1,292.23	\$0.00	\$15,908.15		
8/1/2015	\$1,292.23	\$0.00	\$17,200.38		
9/1/2015	\$1,292.23	\$0.00	\$18,492.61		
9/30/2015	\$0.00	-\$700.03	\$17,792.57		
9/30/2015*	\$0.00	\$298.65	\$18,091.22		
10/1/2015	\$1,292.23	\$0.00	\$19,383.45		
11/1/2015	\$1,292.23	\$0.00	\$20,675.68		
12/1/2015	\$1,292.23	\$0.00	\$21,967.91		
12/31/2015	\$0.00	\$\$666.874	\$22,634.78		
1/1/2016	\$1,292.23	\$0.00	\$23,927.01		
2/1/2016	\$1,292.23	\$0.00	\$25,219.24		
3/1/2016	\$1,292.23	\$0.00	\$26,511.47		
3/31/2016	\$0.00	\$426.98	\$26,938.45		
4/1/2016	\$1,292.23	\$0.00	\$28,230.68		
5/1/2016	\$1,292.23	\$0.00	\$29,522.91		
6/1/2016	\$1, 29 2.23	\$0.00	\$30,815.14		
6/30/2016	\$0.00	\$407.98	\$31,223.12		

DROP Account Statement For: Laura Hofler

Statement Date 3/31/2020

	Deposit	Interest	Balance
7/1/2016	\$1,292.23	\$0.00	\$32,515.35
8/1/2016	\$1,292.23	\$0.00	\$33,807.58
9/1/2016	\$1,292.23	\$0.00	\$35,099.81
9/30/2016	\$0.00	\$1,348.55	\$36,448.35
10/1/2016	\$1,292.23	\$0.00	\$37,740.58
11/1/2016	\$1,292.23	\$0.00	\$39,032.81
12/1/2016	\$1,292.23	\$0.00	\$40,325.04
12/31/2016	\$0.00	\$320 69	\$40,645.74
1/1/2017	\$1,292.23	\$0.00	\$41,937.97
2/1/2017	\$1,292.23	\$0.00	\$43,230.20
3/1/2017	\$1,292.23	\$0.00	\$44,522.43
3/31/2017	\$0.00	\$\$21,721,81	\$46,244.24
4/1/2017	\$1,292.23	\$0.00	\$47,536.47
5/1/2017	\$1,292.23	\$0.00	\$48,828.70
6/1/2017	\$1,292. 2 3	\$0.00	\$50,120.93
6/30/2017	\$0.00	\$13147	\$51,435.39
7/1/2017	\$1,292.23	\$0.00	\$52,727.62
8/1/2017	\$1,292.23	\$0.00	\$54,019.85
9/1/2017	\$1,292.23	\$0.00	\$55,312.08
9/30/2017	\$0.00	\$1,411.16	\$56,723.24
10/1/2017	\$1,292.23	\$0.00	\$58,015.47
11/1/2017	\$1,292.23	\$0.00	\$59,307.70
12/1/2017	\$1,292.23	\$0.00	\$60,599.93
12/31/2017	\$0.00	\$1,771.16	\$62,371.09
1/1/2018	\$1,292.23	\$0.00	\$63,663.32
2/1/2018	\$1,292.23	\$0.00	\$64,955.55
3/1/2018	\$1,292.23	\$0.00	\$66,247.78
3/31/2018	\$0.00	SE STORTE	\$65,879.09
4/1/2018	\$1,292.23	\$0.00	\$67,171.32
5/1/2018	\$1,292.23	\$0.00	\$68,463.55
6/1/2018	\$1,292.23	\$0.00	\$69,755.78
6/30/2018	\$0.00	\$481.78	\$70,237.56
7/1/2018	\$1,292,23	\$0.00	\$71,529.79

DROP Account Statement For: Laura Hofler

Statement Date 3/31/2020

		Deposit	Interest	Balance
8/1/2018		\$1,292.23	\$0.00	\$72,822,02
9/1/2018		\$1,292.23	\$0.00	\$74,114.25
9/30/2018		\$0.00	\$1,697,19	\$75,811.44
10/1/2018		\$1,292.23	\$0.00	\$77,103.67
11/1/2018		\$1,292.23	\$0.00	\$78,395.90
12/1/2018		\$1,292.23	\$0.00	\$79,688.13
12/31/2018		\$0.00	\$5,583,82	\$74,104.31
1/1/2019		\$1,292.23	\$0.00	\$75,396.54
2/1/2019	,	\$1,292.23	\$0.00	\$76,688.77
3/1/2019		\$1,292.23	\$0.00	\$77,981.00
3/31/2019	٠	\$0.00	\$5,826,88	\$83,807.88
4/1/2019		\$1,292.23	\$0.00	\$85,100.11
5/1/2019		\$1,292.23	\$0.00	\$86,392.34
6/1/2019		\$1,292.23	\$0.00	\$87,684.57
6/19/2019**		\$18,868.38	\$0.00	\$106,552.95
6/30/2019	4	\$0.00	\$2,889.98	\$109,442.93
7/1/2019		\$1,292.23	\$0.00	\$110,735.16
7/31/2020		\$0.00	\$487.34	\$111,222.50
Life to Date	. '	96,402.18	14,820.32	111,222.50
Payment 9/12/2019 Payment 9/12/2019		-\$10,000.00 -\$86,402.18	\$0.00 -\$11,199.94	MS
Payment 3/16/2020		\$0.00	-\$3,620.38	
Life to Date		\$0.00	\$0.00	

DROP Start Date:

8/1/2014

DROP End Date:

7/31/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



RPORM	CE.				Data of	Birth/Age:		04/02/1966 53
Name:	Catherine Lauc	ella	_Dept :	Beach Safety	Date of	Dittii/ngv-		
		Term Date:		12/13/2019	37	of Service :	C:	25.00
Hire Date :	01/31/1994D	ROP Date:		02/01/2019	Years C	of Setaice .	S:	
Name of Beneficia	ry							
				Soc	clal Security Nur	nber:		
Date of Birth/Age								
				Но	urs Ear	nings (include	ed in final earn	ings)
				Sick	340.64 \$		12,348.20 4,531.25	
E	Preceding Retireme	ent		Vacation	125.00 \$		9,062.50	
Year	Gross			Holiday	250.00 \$		5,002.00	
1 eai				Comp.	e a		_	
2010 \$	65,003.50			Bld Comp.	715.64 \$		25,941.95	
2011 \$	62,197.66			Total		A Green of Street Williams and the street		
2012 \$	59,855.86							Adjusted
2013 \$	60,006.47		1	Year	No. Pays	Salary	Overtime	
2014 \$	64,211.10			2016	24 \$		\$ 100.50	\$ 62,668.02
2015 \$	66,270.48			2017	27 \$	75,610.64	\$ 131.31	
2016 \$	70,133.40			2018	26 \$	73,559.45	\$ 290.32	
2017 \$	75,610.64			2019	2 \$	5,630.40		\$ 5,630.40
2018 \$	73,559.45							
2019 \$	5,630.40	*		· •			A 50 49	\$ 217,890.14
Highest Consecu	utive 78 Pays			TOTAL	79 5	217,368.01	\$ 522.13	2.0 g2 [1] (00 0.1 + 1
		•			AC	CRUED BEN	EFIT	,
Year No. P	ays			1	6 773 11 A	va. Per Mon	th (gross/36)	l l
2008	14	\$ 62,668.		l l	2.0º/. M	lultiplier	10	ļ.
2009	26	\$ 75,741.	95	- I -	3.0 /6 IV	iuiupiioi _ Ianthly hana	fit/year of ser	vice
2010	26	\$ 73,849.	77	ļ.	203.1934 W	Column bene	ice	
2011	12	\$ 5,630	40		25.00 Y	ears of Serv	aal Annivity	
	78 \$	217,890	14	l l	\$5,079.84 N	Ionthly Norn	iai Aminuity	Į
Total	,	25,941	55252118CHG					Į.
Leave Payout	and the second of the second o	243,832						Į.
Totals	property of the State of the St	243,032	.v.oi	1				1
				1 .				
							•	.]
•								1
				1				
Options:				ł				1
Options.						ACTUU V NOE	MAAL ANNUUT	rv l
- 3.4	= \$ -				TOTAL MO	NIHLY NON	MAL ANNUN	- 1
5 Year	= \$ -	_		<u> </u>	\$5,079.84			
10 Year -	= \$ -						a parametri di superimpi di mas	escara recarsor
20 Year		_			and the second results		~	
Equal -	= \$ -	-		PAYABL	E ANNUITY:	\$5,079.84	05	
Half -	= \$ -	·					2007年1月20日	(1945年) 1955年 1955

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	ant Name: Cathy Cauche SSN: XXX-XX-					
l elect to	withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).					
Check -	the boxes below that apply and complete <u>all</u> of the requested information.					
TQ	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.					
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.					
	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:					
	Account Holder's Name:					
	Account Number: See algount on Cito					
	Account Type:					
	Financial Institution's Name:					
	Financial Institution Address:					
,	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.					
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.					
	Signature of Financial Institution Authorized Representative:					
Currer	Date Signed Date Signed State Stat					
Plan A	Janky 3 / 17070 Date Signed Date Signed					

DROP Account Statement For: Catherine Laucella

Statement Date: 3/16/2020

	Deposit	Interest	Balance
	÷	,	
	•		\$0.00
1/1/2019		\$0.00	\$0.00
2/1/2019	\$5,079.84	\$0.00	\$5,079.84
3/1/2019	\$5,079.84	\$0.00	\$10,159.68
3/31/2019	\$0.00	\$343.04	\$10,502.72
4/1/2019	\$5,079.84	\$0.00	\$15,582.56
5/1/2019	\$5,079.84	\$0.00	\$20,662.40
6/1/2019	\$5,079.84	\$0.00	\$25,742.24
6/19/2019*	\$3,242.33	\$0.00	\$28,984.57
6/30/2019	\$0.00	\$660.37	\$29,644.95
7/1/2019	\$5,079.84	\$0.00	\$34,724.79
8/1/2019	\$5,079.84	\$0.00	\$39,804.63
9/1/2019	\$5,079.84	\$0,00	\$44,884.47
9/30/2019	\$0.00	\$289.59	\$45,174.06
10/1/2019	\$5,079.84	\$0.00	\$50,253.90
11/1/2019	\$5,079.84	\$0.00	\$55,333.74
12/1/2019	\$2,130.26	\$0.00	\$57,464.00
		\$397.68	\$57,861.68
Life to 12/13/2019	\$56,170.99	\$1,690.69	\$57,861.68
Payment 3/16/2020	-\$56,170.99	-\$1,690.69	
Life to Date	. \$0.00	\$0.00	

DROP Start Date:

DROP End Date:

2/1/2019 12/13/2019

^{*}Refund of Contributions per Ordinance O-2019-14.



Name:	Hilaire Jos	eph Dept :	Public Works	Date o	of Birth/Age:	-	03/09/1957 60
		Term Date:	09/11/2019			•	20.00
Hire Date :	10/01/1997	DROP Date :	04/01/2017		of Service :	C: S:	20.00
				Purchased 6	monus	٥٠.	
Name of Beneficiar	y <u>Annette J</u>	osepn					
Date of Birth/Age	6/25/1977	-40	So	cial Security N	umber:		
•		•				ded in final earn	ings)
			Sick	212.07 \$		4,385.61 2,585.00	
Earnings 10 Years	Preceding Reti	rement	Vacation	125.00 \$	•	2,303.00	
Year	Gro	oss	Holiday	Ď.) (
			Comp.		1		
2008 \$	34,814.		Bld Comp.		7.7870.0075572.775	6 070 61	
2009 \$	35,257.		Total	337.07	Digital Commence	0,010.01	APPLICATION SELECTION AND APPLICATIONS
2010 \$	35,492.	24		•			Adjusted
2011 \$	33,713.	60	1		Calami	Overtime	Salary
2012 \$	32,232.	.00	Year	No. Pays	Salary 26,428.63	- '	
2013 \$	32,879	.80	2014	19 \$		•	
2014 \$	35,416	.63	√2015	26 \$			
2015 \$	36,254		2016	26 \$ 7 \$	-		
2016 \$	39,800		2017	/ 3	5 10,914,40	ý 420.51	*,
2017 \$	10,914	.40					•
Highest Consecutive 78 Pays			TOTAL	78	\$ 113,397.77	\$ 3,255.21	\$ 116,652.98
Hignest Consecut	146 10 LGA2		20100-0000-000-000				
, , , , , , , , , , , , , , , , , , ,				AC	CRUED BEI	VEFIT	
Year No. Pa	_	# AC 070 70				th (gross/36)	i i
2014	19	\$ 26,872.78	İ		/lultiplier	,	
2015	26	\$ 37,613.95		3.070 h	andels bone	efit/year of ser	vice
2016	26	\$ 40,827.94		103.0197	nontiny bene	iluyeai Oi Sei	AICC
2017	7	\$ 11,338.31		<u>20.00</u> Y	ears of Serv	/ICE	
Total	78 \$	116,652.98	1	\$2,060.39	Monthly Nort	nal Annuity	
Leave Payout	\$	6,970.61					
SERVICE THE SAME SAME OF THE STATE	\$ 7	123,623.59	1]
Totals	. 11 11 11 11 12 12 12 12 12 12 12 12 12	120,020.09					1
						-	
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			į.		•		
Options:							i
•			1				
5 Year -	= \$		Į.		<u>NTHLY NOR</u>	<u>MAL ANNUIT</u>	<u>Y</u> [
10 Year -	= \$	•		\$2,060.39			
20 Year			CONTRACTOR OF THE PROPERTY OF	NAME OF THE POST O	www.	5-9-22-19-30-30-3	of a party of the
Equal -	= \$		DAVADIE	ANNUITY:	\$1,819.12	add by war	1. 现在 P. 1. 1977
Half - 0.	8829 = \$ 1,81	9.12	FAIADL			15 安徽建筑	

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION me: #110xyz 5080 PM

Participant Name: HILOLYCZ	ODSEPH_	SSN; XXX-XX
elect to withdraw my accumulated bens	fit in the Deferred Ret	rement Optional Plan (DROP).
Check - the boxes below that apply and	complete <u>all</u> of the rec	uested information.
consequences associated with	this option and that	directly to me. I understand that there may be tax 20% will be withheld and forwarded to the Internal lited against my Federal income tax.
l wish to have \$ consequences associated with Revenue Service as Income tax	this ontion and tha	directly to me. I understand that there may be tax 20% will be withheld and forwarded to the Internal dited against my Federal Income tax.
account:		e taxable amount to the following qualified, tax-deferred
Account Holder's Name;	WANDANA	AM
Account Number:	n e e Alon Munio e Alendero.	
Account Type: 🔲 IRA 📈 45	7 Deferred Compens	ition . 🔲 IRS Qualified Plan 🔲 Other
Financial Institution's Name: _ Financial Institution Address: _		WIDE. 18315D COUNDS OH 43218
In order for this form to be va	lid, a representative o	the financial institution for the above referenced account ill be returned without this signature.
By signing below, I confirm transfers from a qualified pen	that the account ref sion plan and we ackn	erenced above is an account qualified to accept direct owledge that such will be accepted.
Signature of Financial Institut	on Authorized Repres	entative:
		V
Participant's Signature		Date Signed
757 MW SHN Street	t Hallona city	ole Floridio 32007 State Zip Code
7-86 - 318 - U2-82 Telephone Number	1	<i>Q</i> 10 19
Plan Administrator's Signature		Pate Signed

DROP Account Statement For: Hilaire Joseph

Statement Date 3/31/2020

	Deposit	Interest	Balance
4/1/2017	\$1,819.12	\$0.00	\$1,819.12
5/1/2017	\$1,819.12	\$0.00	\$3,638.24
6/1/2017	\$1,819.12	\$0.00	\$5,457.36
6/30/2017		\$ \$97.94	\$5,555.30
7/1/2017	\$1,819.12	\$0.00	\$7,374.42
8/1/2017	\$1,819.12	\$0.00	\$9,193.54
9/1/2017	\$1,819.12	\$0.00	\$11,012.66
9/30/2017		\$240.16	\$11,252.81
10/1/2017	\$1,819.12	\$0.00	\$13,071.93
11/1/2017	\$1 ,819.1 2	\$0.00	\$14,891.05
12/1/2017	\$1,819.12	\$0.00	\$16,710.17
12/31/2017		\$444.70	\$17 ,154.88
1/1/2018	\$1,819.12	\$0.00	\$18,974.00
2/1/2018	\$1,819.12	\$0.00	\$20,793.12
3/1/2018	\$1,819.12	\$0.00	\$22,612.24
3/31/2018		25 45N/160 022	\$22,494.21
4/1/2018	\$1 ,819.12	\$0.00	\$24,313.33
5/1/2018	\$1,819.12	\$0.00	\$26,132.45
6/1/2018	\$1,819.12	\$0.00	\$27,951.57
6/30/2018		\$188.89	\$28,135.47
7/1/2018	\$1,819.12	\$0.00	\$29,954.59
8/1/2018	\$1,819.12	\$0.00	\$31,773.71
9/1/2018	\$1,819.12	\$0.00	\$33,592.83
9/30/2018		\$740.51	\$34,333.34
10/1/2018	\$1,819.12	\$0.00	\$36,152.46
11/1/2018	\$1,819.12	\$0.00	\$37,971.58
12/1/2018	\$1,819.12	\$0.00	\$39,790.70

DROP Account Statement For: Hilaire Joseph

Statement Date 3/31/2020

	Deposit	Interest	Balance
12/31/2018		\$2,704.55	\$37,086.15
1/1/2019	\$1,819.12	\$0.00	\$38,905.27
2/1/2019	\$1,819.12	\$0.00	\$40,724.39
3/1/2019	\$1,819.12	\$0.00	\$42,543.51
3/31/2019		\$3,094.27	\$45,637.78
4/1/2019	\$1,819.12	\$0.00	\$47,456.90
5/1/2019	\$1,819.12	\$0.00	\$49,276.02
6/1/2019	\$1,819.12	\$0.00	\$51,095.14
6/19/2019**	\$7,753.16	\$0.00	\$58,848.30
6/30/2019		\$1,617,10	\$60,465.39
7/1/2019	\$1,819.12	\$0.00	\$62,284.51
8/1/2019	\$1,819.12	\$0.00	\$64,103.63
9/1/2019	\$667.01	\$0.00	\$64,770.64
		\$657,82	\$65,428.46
Life to 9/11/2019	\$61,174.65	\$4,253.81	65,428.46
Payment 9/16/2019 Payment 11/8/2019 Payment 3/16/2020	-\$7,000.00 -\$54,174.65 \$0.00	-\$1,589.18 -\$2,664.63	(VB)
Life to Date	\$0.00	\$0.00	

DROP Start Date:

4/1/2017

DROP End Date:

9/11/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name :	Ve	ronique McGillivray	Dept:	Police		Da	te of	Birth/Age:		_	05	/30/1968	46
Hire Date :	08/2		Term Date: Date :	06/30/2019 10/01/2014		Ye	ars (of Service :		C:_ s:		25.08	
Name of Benefici	агу	Katelyn & Sarah M	cGillivary										
Date of Birth/Age	•	11/29/2007/ 7 & 05/	04/2005/ 9		Social :	Security	Nur	nber:					
						,		•					
					Hours	,	Ear	nings (includ	led	in final earn	ings)	
•		4		Sick		73.24				2,684.25			
	rs Pre	ceding Retirement		Vacation	-	91.31	\$	•		3,346.51			
Year		Gross	*	Holiday			\$			٠.			
				Comp.			\$. •			
2005 \$		71,011.44		Bld Comp. Total	2000年 2000年	164.55	.	GOOD PARKED AND	Rade	- 6,030.76	357 OF		(ig)
2006 \$		77,822.61	*	at Otal market	Marketin sof	104.00	. f3, Ф .,₹	企業基金的資金等企業等	holigin.	s. n'ôaast o''	H. S.	ANTO-1917/1005/TO	120
2007 \$		75,502.04									۸d	usted	1
2008 \$		70,304.39 81,460.50		Year		lo. Pays		Salary		Overtime	Au	usteu	١.
2009 \$ 2010 \$		81,784.90		2011			\$	20,668.88		2,027.54	\$	22,696.4	,
2010 \$		80,447.44		2012			\$	72,135.76		11,626.25		83,762.0	
2012 \$		72,135.76		2013			\$	72,135.78		15,399.03		87,534.8	
2013 \$		72,135.78		2014			\$	55,486.60	-	15,895.75		71,382.3	
2014 \$		58,475.32			•		\$			•	-		ı
:			 .	- Indiana managana araw	Vanauer siewo dask	Listeranders	\$	-	121 4. 2	W. 4. 6.30 P. 6.3	独合物	00E 07E E	_
Highest Consecu	utive /	rs Pays		I IOTAL	galagara (d	mare district	AL.	220,427,02	.	44,948.56	%,₹ .₫	<u>ຂດລິໄລ ໃໝ່ຕິ</u>	0.
Year No. P	avs						4CC	RUED BEN	IEF	iT .			7
2011	.,J 7	\$ 22	,696.42	1	7			g. Per Mon					1
2012	26		,762.01		•			ıltiplier	\	g ,			
			•		. 9				Fi+!	year of serv	dee		ı
2013	26		,534.81	1							100		
2014	19		,382.35					ars of Serv					-1
Total	78	\$ 26	375.58		\$5	672.39	Mo	onthly Norn	nal	Annuity			
Leave Payout		\$ 6	3,030.76	ļ									1
Totals		. \$ // _A 27	,406.34										
													ı
													1
•				ŀ			*						
				1				-					1
Options:		•		. [
								•					- 1
5 Year -		= \$ -		- 1	TO	TAL M	ION	THLY NOR	MΑ	L ANNUITY	•		ı
10 Year -		= \$ -		l		5,672.3					•		1
20 Year -		= \$ -	•	<u> </u>					<u> </u>	·			
Equal -		= \$ -		Resignation (Co.	ottor de la la la la la la la la la la la la la	2007278	F. 210	ikan dina	50,50	110.892.15125		38(5)	263
	.9395			PAYAB	LE ANN	UITY:		\$5,329.21					

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particij	oant Name:	Veronique McGillivray	SSN: XXX-XX	1
l elect t	o withdraw my ac	ccumulated benefit in the Deferred Re	tirement Optional Plan (DROP).	
Check	- the boxes belov	v that apply and complete <u>all</u> of the re	quested information.	
	292091100099	the entire distribution made payable associated with this option and that he as income tax withholding to be cre	e directly to me. I understand that ther at 20% will be withheld and forwarded to dited against my Federal income tax.	e may be tax o the Internal
	I wish to have consequences Revenue Service	s made payable made payable associated with this option and that ce as income tax withholding to be created.	le directly to me. I understand that there at 20% will be withheld and forwarded addited against my Federal income tax.	e may be tax to the Internal
d	account:		e taxable amount to the following qualifie	d, tax-deferred
	Account Holder	r's Name: Veronique McGillivray	IRA Rollover	
	Account Numb			
	Account Type:	☑IRA ☐ 457 Deferred Compens	ation IRS Qualified Plan Other_	
	Financial Institu	ution's Name: <u>TD Ame</u> u	itrade Institution	<u> </u>
	Financial Instit	ution Address: 7801 Mesqu	eete Bend Dr. # 112, Irvir	19,TX 75063
	In order for thi must attest to	s form to be valid, a representative of the following statement. This form v	f the financial institution for the above refe vill be returned without this signature.	erenced account
	By signing be transfers from	elow, I confirm that the account reform a qualified pension plan and we ackn	erenced above is an account qualified to will be accepted.	to accept direct
	Signature of F	inancial Institution Authorized Repres	entative:	SSIsa
	(_		
Partie	On au M cipant's Signature		8 129 12019 Date Signed	1
10	DUI NI	WILL AUC +	Nantation, 4. 333 State Zip Code	22
()>	ent Address 34-502-	799 Ø	State Zip 6645	·
Tele	phone Number	7	9 4 10	
Dlan	Administrator's S	Signature _	Date Signed	
i icili	7.30/1111300000	The second secon		

DROP Account Statement For: Veronique McGillivray

Statement 3/31/2020

	Deposit	Interest	Balance
10/1/2014	\$5,329.21	\$0.00	\$5,329.21
11/1/2014	\$5,329.21	\$0.00	\$10,658.42
12/1/2014	\$5,329.21	\$0.00	\$15,987.63
12/31/2014	\$0.00	\$328 42	\$16,316.05
1/1/2015	\$5,329.21	\$0.00	\$21,645.26
2/1/2015	\$5,329.21	\$0.00	\$26,974.47
3/1/2015	\$5,329.21	\$0.00	\$32,303.68
3/31/2015	\$0.00	\$637,39	\$32,941.08
4/1/2015	\$5,329.21	\$0.00	\$38,270.29
5/1/2015	\$5,329.21	\$0.00	\$43,599.50
6/1/2015	\$5,329.21	\$0.00	\$48,928.71
6/30/2015	\$0.00	\$81.92	\$49,010.63
7/1/2015	\$5,329.21	\$0.00	\$54,339.84
8/1/2015	\$5,329.21	\$0.00	\$59,669.05
9/1/2015	\$5,329.21	\$0.00	\$64,998.26
9/30/2015	\$0.00	\$2,428.45	\$62,569.81
9/30/2015*	\$0.00	\$1,380.71	\$63,950.52
10/1/2015	\$5,329.21	\$0.00	\$69,279.73
11/1/2015	\$5,329.21	\$0.00	\$74,608.94
12/1/2015	\$5,329.21	\$0.00	\$79,938.15
12/31/2015	\$0.00	622406242	\$82,344.57
1/1/2016	\$5,329.21	\$0.00	\$87,673.78
2/1/2016	\$5,329.21	\$0.00	\$93,002.99
3/1/2016	\$5,329.21	\$0.00	\$98,332.20
3/31/2016	\$0.00	\$31,574.62	\$99,906.82
4/1/2016	\$5,329.21	\$0.00	\$105,236.03
5/1/2016	\$5,329.21	\$0.00	\$110,565.24
6/1/2016	\$5,329.21	\$0.00	\$115,894.45
6/30/2016	\$0.00	\$1,527,89	\$117,422.35
7/1/2016	\$5,329.21	\$0.00	\$122,751.56

DROP Account Statement For: Veronique McGillivray

Statement 3/31/2020

•	Deposit	Interest	Balance
8/1/2016	\$5,329.21	\$0.00	\$128,080.77
9/1/2016	\$5,329.21	\$0.00	\$133,409.98
9/30/2016	\$0.00	\$5:108.99	\$1 38,518.97
10/1/2016	\$5,329.21	\$0.00	\$143,848.18
11/1/2016	\$5,329.21	\$0.00	\$149,177.39
12/1/2016	\$5,329.21	\$0.00	\$154,506.60
12/31/2016	\$0.00	\$1/225.64	\$155,732.24
1/1/2017	\$5,329.21	\$0.00	\$161,061.45
2/1/2017	\$5,329.21	\$0.00	\$166,390.66
3/1/2017	\$5,329.21	\$0.00	\$171,719.87
3/31/2017	\$0.00	\$ 6.627.15	\$178,347.02
4/1/2017	\$5,329,21	\$0.00	\$183,676,23
5/1/2017	\$5,329.21	\$0.00	\$189,005.44
6/1/2017	\$5,329.21	\$0.00	\$194,334.65
6/30/2017	\$0.00	\$5,088.01	\$199,422.66
7/1/2017	\$5,329.21	\$0.00	\$204,751.87
8/1/2017	\$5,329.21	\$0.00	\$210,081.08
9/1/2017	\$5,329.21	\$0.00	\$215,410.29
9/30/2017	\$0.00	\$5,487.93	\$220,898.23
10/1/2017	\$5,329.21	\$0.00	\$226,227.44
11/1/2017	\$5,329.21	\$0.00	\$231,556.65
12/1/2017	\$5,329.21	\$0.00	\$236,885.86
12/31/2017	\$0.00	\$6,915,19	\$243,801.05
1/1/2018	\$5,329.21	\$0.00	\$249,130.26
2/1/2018	\$5,329.21	\$0.00	\$254,459.47
3/1/2018	\$5,329.21	\$0.00	\$259,788.68
3/31/2018	\$0.00	4.51 (4.42 (2))	\$258,344.37
4/1/2018	\$5,32 9 .21	\$0.00	\$263,673.58
5/1/2018	\$5,329.21	\$0.00	\$269,002.79
6/1/2018	\$5,329.21	\$0.00	\$274,332.00
6/30/2018	\$0.00	\$1,892.97	\$276,224.97

DROP Account Statement For: Veronique McGillivray

Statement 3/31/2020

	Deposit	Interest	Balance
7/1/2018	\$5,329.21	\$0.00	\$2 81,554. 1 8
8/1/2018	\$5,329.21	\$0.00	\$286,883.39
9/1/2018	\$5,329.21	\$0.00	\$292,212.60
9/30/2018	\$0.00	\$6,686.09	\$298,898.69
10/1/2018	\$5,329.21	\$0.00	\$304,227.90
11/1/2018	\$5,329.21	\$0.00	\$309,557.11
12/1/2018	\$5, 329.21	\$0.00	\$314,886.32
12/31/2018	\$0.00	=\$22,048:48	\$292,837.84
1/1/2019	\$5,329.21	\$0.00	\$298,167.05
2/1/2019	\$5,329.21	\$0.00	\$303,496.26
3/1/2019	\$5,329.21	\$0.00	\$308,825.47
3/31/2019	\$0.00	\$23,059.91	\$331,885.38
4/1/2019	\$5,329.21	\$0.00	\$337,214.59
5/1/2019	\$5,329.21	\$0.00	\$342,543.80
6/1/2019	\$5,329.21	\$0.00	\$347,873.01
6/19/2019**	\$29,650.31	\$0.00	\$377,523.32
6/30/2019	\$0.00	\$10,989,34	\$388,512.66
Life to 6/30/2019	\$333,415.28	\$55,097.38	388,512.66
Payment 9/12/2019 Payment 3/16/2020	-\$333,415.28	-\$43,096.61 -\$12,000.77	



DROP Start Date:

Life to Date

10/1/2014

\$0.00

DROP End Date:

6/30/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name:	Clayton Milan	Dept:	Comm. Development	Date of Bir	th/Age:	-	05/01/	1960 55
Hire Date : 05	Term Date: /02/1995 DROP Date :		08/08/2019 11/01/2015	Years of Se Purchase 6 mo		C:_ S:	2	1.00
Name of Beneficiary	Sarah Milan		r	Ultilase o mo	11110	U		
Date of Birth/Age	10/7/1959- 56		Social Se	curity Numbe	r:			· · · · · · · · · · · · · · · · · · ·
			Hours Sick 2	Earning	js (include	d in final earr 13,114.76	ings)	•
Earnings 10 Years Pa	receding Retirement		Vacation	\$		-		
Year	Gross		Holiday	\$		-		
	•		Comp.	\$		-		
2006 \$	86,006.15		Bld Comp.	\$	europhonicae atueno	# West 1985 1985 1985 1985 1985 1985 1985 1985	MALESTY SERVICES	SSAU-TAGA
2007 \$	87,217.20 *		Total 2	68.69 \$	建筑建筑	13,114.76	類於於於	
2008 \$	93,310.02 *		1					
2009 \$	88,923.78						Adjust	ed
2010 \$	89,868.96			. Pays	Salary	Overtime	_	•
2011 \$	83,883.79		2011	7			\$	· -
2012 \$	80,192.40		2012	26			\$	-
2013 \$	82,518.40		2013	26			\$ \$	-
2014 \$	85,620.81		2014	19			ą.	7
2015 \$	75,227.20			\$	-			
*Includes non-pension	onable salary		TOTAL	क राज्यात्रक अ द प्राप्तका	i in the state of the state of	WINDLESS OF	概念 新沙野人	C2011000000
Highest Consecutive	9 78 Pays		Construction of the Constr		Merchant the Mark	September Control of the Asset of September 1	na ann ann an	And a Control of the Control
				ACCOU	ED BENE	CIT		
Year No. Pays	Security 14 14 14 14 14 14 14 14 14 14 14 14 14	egapt.	7.0	<u>ACCRU</u> 106.42 Avg. P	EU DEIVE	<u>[[]</u>		
2007	3 \$ 12,268.8	G1641	7,0	-		(gross/30)		
2008 20	6 (\$	0.1	1	3.0% Multip			_	
2009 20	6 \$ 88,923.7	8	234	I.1926 Month			rice	
2010 23	3 \$ 77,668.8	10	,	21.00 Years	of Servic	e		
Total 7	8 \$ 267,916.3	8	\$4,9	18.04 Month	ıly Norma	I Annuity		
Leave Payout	\$ 13,114.7	MANY III	•		-			
Aug. 2019 Promise Special flux to \$100	CONTRACTOR CONTRACTOR	=						- 1
Totals	\$ 281,031.1	14.5						
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			}					
Options:			1					1
	,		•					1
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		,						
10 Year -	= \$ -		\$4,9	918.04				
20 Year -	= \$ -	-						
Equal -	= \$ -			Carlotte State	核學物質		with the first	# (P) 30 (G) (4)
Half 0.951			PAYABLE ANNUI	TY: \$4.	677.55			
11011 - 0.501	+ 1,011100	•		是对争时 次世界行動	位建筑建设	和基础等特别		化新维加斯

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

artic	SSN: XXX-XX
elect	to withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).
Check	s - the boxes below that apply and complete <u>all</u> of the requested information.
1	I wish to have the entire distribution made payable directly to me. I understand that there may be to consequences associated with this option and that 20% will be withheld and forwarded to the International Service as income tax withholding to be credited against my Federal income tax.
	I wish to have \$ made payable directly to me. I understand that there may be to consequences associated with this option and that 20% will be withheld and forwarded to the Intern Revenue Service as income tax withholding to be credited against my Federal income tax.
X	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferre account:
	Account Holder's Name: <u>たしい</u> てられ、M、MにAJJ
	Account Number:
	Account Type: 💢 IRA 🔲 457 Deferred Compensation 🔲 IRS Qualified Plan 🔲 Other
	Financial Institution's Name: TO AMERITZADE INSTITUTIONS
	Financial Institution Address: P.O. Box 650567 Dallas, TX 75265-0567
	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge the such with be accepted. Signature of Financial Institution Authorized Representative
Parti	Cipant's Signature 7 / 8 / 19 Date Signed
	Pro Box 194 Pompano BEACH FL 330C1
Curr	
VETET (TVE DVO VETET (TVE VETET (TVETET (TVETE	954-8574 phone Number 5 2019 8 15 17019
Commence Commence	Administrator's Signature Date Signed

Revised 20190607

DROP Account Statement For: Clayton Milan

Statement Date: 3/31/2020

	Deposit	Interest	Balance
11/1/2015	\$4,677.55	\$0.00	\$4,677.55
12/1/2015	\$4,677.55	\$0.00	\$9,355.10
12/31/2015	·	\$450,85	\$9,505.95
1/1/2016	\$4,677.55	\$0.00	\$14,183.50
2/1/2016	\$4,677.55	\$0.00	\$18,861.05
3/1/2016	\$4,677.55	\$0.00	\$23,538.60
3/31/2016		\$319.53	\$23,857.93
4/1/2016	\$4,677.55	\$0.00	\$28,535.48
5/1/2016	\$4,677.55	\$0.00	\$33,213.03
6/1/2016	\$4,677.55	\$0.00	\$37,890.58
6/30/2016	·	\$458.96	\$38,349.55
7/1/2016	\$4,677.55	\$0.00	\$43,027.10
8/1/2016	\$4,677.55	\$0.00	\$47,704.65
9/1/2016	\$4,677.55	\$0.00	\$52,382.20
9/30/2016		\$1,902(87)	\$54,285.07
10/1/2016	\$4,677.55	\$0.00	\$58,962.62
11/1/2016	\$4,677.55	\$0.00	\$63,640.17
12/1/2016	\$4,677.55	\$0.00	\$68,317.72
12/31/2016		\$522.86	\$68,840.58
1/1/2017	\$4,677.55	\$0.00	\$73,518.13
2/1/2017	\$4,677.55	\$0.00	\$78,195.68
3/1/2017	\$4,677.55	\$0.00	\$82,873.23
3/31/2017		\$ 3,114,44	\$85,987.67
4/1/2017	\$4,677.55	\$0.00	\$90,665.22
5/1/2017	\$4,677.55	\$0.00	\$95,342.77

DROP Account Statement For: Clayton Milan

Statement Date: 3/31/2020

	Deposit	Interest	Balance
6/1/2017	\$4,677.55	\$0.00	\$100,020.32
6/30/2017		\$2,566,61	\$102,586.94
7/1/2017	\$4,677.55	\$0.00	\$107,264.49
8/1/2017	\$4,677.55	\$0.00	\$111,942.04
9/1/2017	\$4,677.55	\$0.00	\$116,619.59
9/30/2017		\$2,924,25	\$119,543.84
10/1/2017	\$4,677.55	\$0.00	\$124,221.39
11/1/2017	\$4,677.55	\$0.00	\$128,898.94
12/1/2017	\$4,677.55	\$0.00	\$133,576.49
12/31/2017	•	\$3,849.42	\$137,425.91
1/1/2018	\$4,677.55	\$0.00	\$142,103.46
2/1/2018	\$4,677.55	\$0.00	\$146,781.01
3/1/2018	\$4,677.55	\$0.00	\$151,458.56
3/31/2018			\$150,625.43
4/1/2018	\$4,677.55	\$0.00	\$155,302.98
5/1/2018	\$4,677.55	\$0.00	\$159,980.53
6/1/2018	\$4,677.55	\$0.00	\$164,658.08
6/30/2018		\$1/(25.78	\$165,783.86
7/1/2018	\$4,677.55	\$0.00	\$170,461.41
8/1/2018	\$4,677.55	\$0.00	\$175,138.96
9/1/2018	\$4,677.55	\$0.00	\$179,816.51
9/30/2018		\$4,081.78	\$183,898.29
10/1/2018	\$4,677.55	\$0.00	\$188,575.84
11/1/2018	\$4,677.55	\$0.00	\$193,253.39
12/1/2018	\$4,677.55	\$0.00	\$197,930.94
12/31/2018		\$13,764.63	\$184,166.31

DROP Account Statement For: Clayton Milan

Statement Date: 3/31/2020

	Deposit	Interest	Balance
1/1/2019	\$4,677.55	\$0.00	\$188,843.86
2/1/2019	\$4,677.55	\$0.00	\$193,521.41
3/1/2019	\$4,677.55	\$0.00	\$198,198.96
3/31/2019		\$14,703,91	\$212,902.87
4/1/2019	\$4,677.55	\$0.00	\$217,580.42
5/1/2019	\$4,677.55	\$0.00	\$222,257.97
6/1/2019	\$4,677.55	\$0.00	\$226,935.52
6/19/2019**	\$28,977.07	\$0.00	\$255,912.59
6/30/2019	·	\$7,6231,59	\$263,144.18
7/1/2019	\$4,677.55	\$0.00	\$267,821.73
8/1/2019	\$1,207.11	\$0.00	\$269,028.84
8/8/2019		\$1,484.42	\$270,513.26
Life to 8/08/2019	\$240,673.93	\$29,839.33	270,513.26
Payment 11/8/2019 Payment 3/16/2020	-\$240,673.93	-\$20,184.04 -\$9,655.29	
Life to Date	\$0.00	\$0.00	

DROP Start Date:

11/1/2015 8/8/2019

DROP End Date:

0,0,20,10

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name: _	Sedi	ck Mohammed	Dept :	Police		Date o	of Birth/Age:	•	09/25/195	1 63
Hire Date :_	03/17/2		m Date: ate :	07/31/2019 08/01/2014		Years	of Service :	C: S:		3
Name of Bei	neficiary _									
Date of Birth	n/Age		-		Social S	Security Nu	umber :			
			4		Hours		ırnings (includ		nings)	
				Sick		0.63 \$		17.09	٠	
	Years Preced	ing Retirement	1	Vacation		45.83 \$		1,243.37		
Year		Gross		Holiday		\$		-	•	
				Comp.		\$		-		
2005	-	33,283.52		Bid Comp.	Dankarala Ko	φ • • • • •		_ 1,260.46	SPERKERSKE	ANGEL
2006	-	36,729.77		Total	多数数数10元	46.46 \$	10gg (東京) 10gg (東京)	200.40	Parpagnagna kumada	G5) 766
2007	7	39,269.11							Adjusted	, 1
	\$	42,544.55		V		o. Pays	Salary	Overtime	Salary	
2009		45,238.07		Year 2011		0. rays 14	Salary	Overune	t Juliary	. !
	\$	46,891.26		2012		26			Š	.
2011	•	45,255.99		2012		26			s .	.
2012	•	44,942.24		2013		12			\$.
	\$	48,794.82		2014		12.			•	
2014	P	29,182.16				\$	-			- 1
Highest Co	nsecutive 78 P	ays		TOTÁL	egyen Control	78 \$	The transport of the state of t	\$ 7000	\$ 10	(18)
			•							
Year 1	No. Pays						CRUED BEN			
2011	11	\$ 18,96	0.25		3,	,976.11 A	vg. Per Monti	h (gross/36)		l
2012	26	\$ 44,94	2.24			3.0% M	lultiplier			Ī
2013	26	\$ 48,79			11	9.2833 M	lonthly benef	it/year of ser	vice	
2014	15	\$ 29,18				11.33 Y	ears of Servi	ce		ļ
	78	\$ 141,87			\$1		onthly Norm			1
Total	1.49	AND ARREST OF THE PARTY OF THE	As sadden in		Ψ.,	,001.10 11.	to atting a to the			
Leave Payo	AND A SECURITY OF A SECURITY O	The second secon	0.46							1
Totals		\$ 143,13	9.93				·			
VI. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.										ŀ
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Options:	•									ļ
5 Year -	=	¢ "			TΩ	TAL MON	NTHLY NORM	AL ANNUITY	7	
10 Year		\$ =				,351.48	<u></u>		-	ŀ
		*			Ψ1	,001,70				
20 Year -		\$ -		Consister water consister	A STATE OF S	ayanay maka sa ara	the son the particular backet	in the state of th	a legit patterant, inch	351354
Equal -	=	\$ -		342340	學的認為	and past of	ACE 100 100 100 100	建建物 经	A的特殊的表现的	
Half -	=	\$ -		PAYAB	LE ANNU	JITY:	\$1,351.48	经外进记号的	"那是"不是	\$ P.

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund Is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

No DIRECT DEVOSIT

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	ant Name:	SEDICK	MOHAMMED		SSN: XXX-XX-1		
l elect t	o withdraw my a	ccumulated b	enefit in the Deferred	l Retirement O	ptional Plan (DROP).	
Check ·	the boxes belov	w that apply a	ind complete <u>all</u> of th	e requested inf	ormation.		
	consequences Revenue Service	associated voce as income	istribution made pay vith this option and tax withholding to be	credited again	nst my Federal incon	ne tax.	io intornar
Ø	consequences Revenue Servi	associáted v ce as income	made pa with this option and tax withholding to be	that 20% Wil credited agair	nst my Federal incor	ne tax.	ie internal
A	I wish to make account:	a direct trans	sfer of the balance of	of the taxable a	amount to the follov	ving qualified, ta	x-deferred
	Account Holde	r's Name:'	SEDIER MOHT	mo150	<u> </u>		<u> </u>
	Account Numb		a -	<u></u>			
	Account Type:	☑ IRA 🗆	457 Deferred Comp	ensation 🔲 II	RS Qualified Plan	Other	
	Financial Instit	ution's Name	: SUN CREE	15 UNION	<u>/</u>		1
	Financial Instit	ution Address	s: 4205 140L	YWOOD B	ND, HOLLYW	1000 Fc 3	3021
i	In order for thi must attest to	is form to be the the following	valid, a representativ statement. <u>This for</u>	e of the financ m will be retu	cial institution for the rned without this s	e above referencesignature.	ced account
	By signing be transfers from	elow, I confir a qualified pe	m that the account ension plan and we a	referenced al cknowledge th	oove is an account at such will be acce	t qualified to a pted.	ccept direct
			tution Authorized Rep	-			
Curre	clipant's Signature 2280 NW 70 ent Address 954) 8 ohone Number Administrator's S	41 AVE 303-104 Signature	PEMBROKE 1 City	Date Sign INES FO State	3387 Zip Cod	113	0•00 * •786•57 + •250•00 -
	ì /						2,536-57 *

DROP Account Statement For: Sedick Mohammed

Estimate

	Deposit	Interest	Balance
			\$0.00
8/1/2014	\$1,351,48	\$0. 0 0	\$1,351.48
9/1/2014	\$1,351.48	\$0.00	\$2,702.96
9/30/2014		-\$24.23	\$2,678.73
9/30/2014*		\$24.23	\$2,702.96
10/1/2014	\$1,351.48	\$0.00	\$4,054.44
11/1/2014	\$1,351.48	\$0.00	\$5,405.92
12/1/2014	\$1,351.48	\$0.00	\$6,757.40
12/31/2014		\$165.83	\$6,923.23
1/1/2015	\$1,351.48	\$0.00	\$8,274.71
2/1/2015	\$1,351.48	\$0.00	\$9,626.19
3/1/2015	\$1,351.48	\$0.00	\$10,977.67
3/31/2015		\$227.46	\$11,205.14
4/1/2015	\$1,351.48	\$0.00	\$12,556.62
5/1/2015	\$1,351.48	\$0.00	\$13,908.10
6/1/2015	\$1,351.48	\$0.00	\$15,259.58
6/30/2015	-	\$26.13	\$15,285.71
7/1/2015	\$1,351.48	\$0.00	\$16,637.19
8/1/2015	\$1,351.48	\$0.00	\$17,988.67
9/1/2015	\$1,351.48	\$0.00	\$19,340.15
9/30/2015		\$732.12	\$18,608.03
9/30/2015*		\$312.69	\$18,920.72
10/1/2015	\$1,351.48	\$0.00	\$20,272.20
11/1/2015	\$1,351.48	\$0.00	\$21,623.68
12/1/2015	\$1,351.48	\$0.00	\$22,975.16
12/31/2015		\$ \$697,45	\$23,672.61
1/1/2016	\$1,351.48	\$0.00	\$25,024.09
2/1/2016	\$1,351.48	\$0.00	\$26,375.57
3/1/2016	\$1,351.48	\$0.00	\$27,727.05
3/31/2016		\$446.56	\$28,173.61
4/1/2016	\$1,351.48	\$0.00	\$29,525.09
5/1/2016	\$1,351.48	\$0.00	\$30,876.57
6/1/2016	\$1,351.48	\$0.00	\$32,228.05

DROP Account Statement For: Sedick Mohammed

Estimate

	Deposit	Interest	Balance
6/30/2016		\$426,68	\$32,654.73
7/1/2016	\$1,351.48	\$0.00	\$34,006.21
8/1/2016	\$1,351.48	\$0.00	\$35,357.69
9/1/2016	\$1,351.48	\$0.00	\$36,709.17
9/30/2016		\$1,410.38	\$38,119.55
10/1/2016	\$1,351.48	\$0.00	\$39,471.03
11/1/2016	\$1,351.48	\$0.00	\$40,822.51
12/1/2016	\$1,351.48	\$0.00	\$42,173.99
12/31/2016		V. \$35740	\$42,509.38
1/1/2017	\$1,351.48	\$0.00	\$43,860.86
2/1/2017	\$1,351.48	\$0.00	\$45,212.34
3/1/2017	\$1,351.48	\$0.00	\$46,563.82
3/31/2017	s.	\$ 1,800.76	\$48,364.58
4/1/2017	\$1,351.48	\$0.00	\$49,716.06
5/1/2017	\$1,351.48	\$0.00	\$51,067.54
6/1/2017	\$1,351.48	\$0.00	\$52,419.02
6/30/2017		\$1,374.73	\$53,793.76
7/1/2017	\$1,351.48	\$0.00	\$55,145,24
8/1/2017	\$1,351.48	\$0.00	\$56,496.72
9/1/2017	\$1,351.48	\$0.00	\$57,848.20
9/30/2017		\$1,475.86	\$59,324.06
10/1/2017	\$1,351.48	\$0.00	\$60,675.54
11/1/2017	\$1,351.48	\$0.00	\$62,027.02
12/1/2017	\$1,351.48	\$0.00	\$63,378.50
12/31/2017		\$1,852,37	\$65,230.87
1/1/2018	\$1,351.48	\$0.00	\$66,582.35
2/1/2018	\$1,351.48	\$0.00	\$67,933.83
3/1/2018	\$1,351.48	\$0.00	\$69,285.31
3/31/2018		496564	\$68,899.71
4/1/2018	\$1,351.48	\$0.00	\$70,251.19
5/1/2018	\$1,351.48	\$0.00	\$71,602.67
6/1/2018	\$1,351.48	***************************************	\$72,954.15
6/30/2018		\$503.87	\$73,458.02

DROP Account Statement For: Sedick Mohammed

Estimate

	Deposit	Interest	Balance
7/1/2018	\$1,351.48	\$0.00	\$74,809.50
8/1/2018	\$1,351.48	\$0.00	\$76,160.98
9/1/2018	\$1,351.48	\$0.00	\$77,512.46
9/30/2018		\$1,775,00	\$79,287.47
10/1/2018	\$1,351.48	\$0,00	\$80,638.95
11/1/2018	\$1,351.48	\$0.00	\$81,990.43
12/1/2018	\$1,351.48	\$0.00	\$83,341.91
12/31/2018		\$5,839,84	\$77,502.07
1/1/2019	\$1,351.48	\$0.00	\$78,853.55
2/1/2019	\$1,351.48	\$0.00	\$80,205.03
3/1/2019	\$1,351.48	\$0.00	\$81,556,51
3/31/2019		\$6,094.05	\$87,650.55
4/1/2019	\$1,351.48	\$0.00	\$89,002.03
5/1/2019	\$1,351.48	\$0.00	\$90,353,51
6/1/2019	\$1 ,351.48	\$0.00	\$91,704.99
6/19/2019**	\$20,984.30	\$0.00	\$112,689.29
6/30/2019	*.	\$3,035,49	\$115,724.78
7/1/2019	\$1,351.48	\$515.25	\$117,591.51
Life to 7/31/2019	\$102,073.10	\$15,518.41	117,591.51
Payment 10/4/2019 Payment 10/4/2019 Payment 3/16/2020	-\$31,250.00 -\$70,823.10	\$0.00 -\$11,713.47 \$3,804.94	
Life to Date	\$0.00	\$0.00	

DROP Start Date: DROP End Date:

8/1/2014 7/31/2019

*Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Planned Retirement

Х

Name :		Rose Mone		Dept:		1	Date of Birth/Age:	· <u>-</u>	07/15/1961 53
Hire Date :	06/2	7/1988	Term Da Retirement D		06/30/2019 07/01/2014	Yea	ars of Service :	C: s:	26
Name of Benefic	lary	NA				(21)			· · · · · · · · · · · · · · · · · · ·
Date of Birth/Ag	е		- -			Social Securi	ty Number :		
	•						luded in final earnings)		
	_			Sick	9.36	\$	259.08		
Earnings 10 Yea	rs Pre				57.66	5	1,596.03	•	•
Year		Gross	·	Holiday		\$	-		
				Comp.		\$			
2009			*	Bld Comp.	new control to all the following week	\$:#1:50:255:05-0.252:00	- Caracteria de Caractería de Caractería (Caractería de Caractería (Caractería	ta resenti seleti seletiri	
2010				Total :	67.02	0	4,855.11	Si wasan da da da da da da da da da da da da da	
2011				Highest (Consecutive	<u>130 Pays</u>		ĺ	
2012							Adjusted		
2013			e .	Year		Excess Pay	Gross		
2014				2009	10	\$ -		ı	
2015				2010	26	5 -	4		
2016				2011	26	\$ -			
2017				2012	. 26	\$ -			
2018				2013	26	\$ -			
		-	······································	2014	16	\$ -	**************************************	TA PERMITTE SERVE	
Highest Consec	utive 7	8 Pays		TOTAL	130	\$	(\$) the Lagrant Colony of the Colony of t	and problems of the second	1 · · · · · · · · ·
Year No. F	Pays						ACCRUED BENEFIT		
2001	16		\$ 29,897.49			4,332.69	Avg. Per Month (gross/36)		1
2002	26		\$ 48,407.79		1	<u>3.0%</u>	Multiplier		
2003	26		\$ 56,320.42			129.9807	Monthly benefit/year of ser	vice	
2004	10		\$ 19,496.00				Years of Service		
	78	Frystike	154,121.70				Monthly Normal Annuity		I
Total	10	\$ 2	· · · · · · · · · · · · · · · · · · ·	8		\$3,319.50	Monthly Normal Amidaty	:	
Leave Payout	New Control word	\$	1,855.11	#	1		1		
Totals		* \$ ***	155,976.81		İ		•		
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Options:									
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10 Year -		= \$ -				\$3,379.50			
20 Year -		= \$ -	_		L		7		
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NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND

OF HOLL I WOOD LIVE LOTLLOTTLING THE	- 11
DEFERRED RETIREMENT OPTION PLAN (DROP)	
DIRECT TRANSFER/WITHHOLDING AUTHORIZATION	
Λ	

Partici	pant Name: _	KOSE	M	MIONE	SSN: X	XX-XX- ´	
I elect t	o withdraw my acc	umulated ber	nefit in the	Deferred Reti	ement Optional P	lan (DROP).	1JUL'19 RCVD
Check	- the boxes below t	hat apply and	d complet	e <u>all</u> of the requ	uested information		
	I wish to have the consequences as Revenue Service	sociated wit	h this op	tion and that	20% will be with	held and forwar	t there may be tax ded to the Internal
	I wish to have \$ consequences as Revenue Service	sociated wit	n this op	otion and that	20% will be with	ineid and forwar	t there may 1 17 11 tal 9 RCVD ded to the Internal .
X	I wish to make a account:	direct transfe	er of the !	balance of the	taxable amount to	o the following qu	ualified, tax-deferred
1 g M-	Account Holder's	Name:	Ros	EM.	MONE		
	Account Number:	MATANAMAN					
	Account Type:	IRA □45	57 Deferre	ed Compensati	on 🔲 IRS Qualif	ied Plan 🔲 Oth	er
	Financial Institution	on's Name: _	ET	4De A	DUISON SE	Envices	
	Financial Institution	on Address: _	710	3 Joy TH	REVERE	PARKURY "	CENTENNIAL, CO 80117
	In order for this for must attest to the	orm to be val e following sta	id, a repr atement.	esentative of the This form will	ne financial institu be returned with	tion for the above tout this signatu	e referenced account l <u>re.</u>
	By signing below transfers from a c						ied to accept direct
	Signature of Fina	ncial Institutio	on Author	ized Represen	ative:		
			7.5				
Partici	<u>u h /n a</u> pānt's Signature		•	Da	/ 127 / 20 ate Signed	19	
10	315 SW 50	CT	Cos	PER CITY	FC	33128	·
	nt Address			City	State	Zip Code	
	54.608.943	<u>/</u>					
ı elepi	none Number	2		والله	າ ໄ ດ		
Plan A	dministrator's Sign	ature		D	ate Signed	e core	

DROP Account Statement For: Rose Mone

Statement Date: 03/16/2020

	Deposit	Interest	Balance		
•			\$0.00		
7/1/2014	\$3,379.50	\$0,00	\$3,379.50		
8/1/2014	\$3,379.50	\$0.00	\$6,759.00		
9/1/2014	\$3,379.50	\$0.00	\$10,138.50		
9/30/2014	\$0.00	\$64.16	\$10,074.34		
9/30/2014*	\$0.00	\$64.16	\$10,138.50		
10/1/2014	\$3,379.50	\$0.00	\$13,518.00		
11/1/2014	\$3,379.50	\$0.00	\$16,897.50		
12/1/2014	\$3,379.50	\$0.00	\$20,277.00		
12/31/2014	\$0.00	\$518.71	\$20,795.71		
1/1/2015	\$3,379.50	\$0.00	\$24,175.21		
2/1/2015	\$3,379.50	\$0.00	\$27,554.71		
3/1/2015	\$3,379.50	\$0.00	\$30,934.21		
3/31/2015	\$0.00	\$651.11	\$31,585.32		
4/1/2015	\$3,379.50	\$0.00	\$34,964.82		
5/1/2015	\$3,379.50	\$0.00	\$38,344.32		
6/1/2015	\$3,379.50	\$0.00	\$41,723.82		
6/30/2015	\$0.00	\$72.05	\$41,795.87		
7/1/2015	\$3,379.50	\$0.00	\$45,175.37		
8/1/2015	\$3,379.50	\$0.00	\$48,554.87		
9/1/2015	\$3,379.50	\$0.00	\$51,934.37		
9/30/2015	\$0.00	\$ -\$1,976.12	\$49,958.25		
9/30/2015*	\$0.00	\$734.25	\$50,692.50		
10/1/2015	\$3,379.50	\$0.00	\$54,072.00		
11/1/2015	\$3,379.50	\$0.00	\$57,451.50		
12/1/2015	\$3,379.50	\$0.00	\$60,831.00		
12/31/2015	\$0.00	W_38019868000	\$62,684.03		
1/1/2016	\$3,379.50	\$0.00	\$66,063.53		
2/1/2016	\$3,379.50	\$0.00	\$69,443.03		
3/1/2016	\$3,379.50	\$0.00	\$72,822.53		
3/31/2016	\$0.00	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$73,998.26		
4/1/2016	\$3,379.50	\$0.00	\$77,377.76		

DROP Account Statement For: Rose Mone

Statement Date: 03/16/2020

5/1/2016	Deposit \$3,379.50	Interest \$0.00	Balance \$80,757,26
6/1/2016	\$3,379.50	\$0.00	\$84,136.76
6/30/2016	\$0.00	\$1/1/5:98	\$85,252.74
7/1/2016	\$3,379.50	\$0.00	\$88,632.24
8/1/2016	\$3,379.50	\$0.00	\$92,011.74
9/1/2016 -	\$3,379.50	\$0.00	\$95,391.24
9/30/2016	\$0.00	\$3,670,24	\$99,061.49
10/1/2016	\$3,379.50	\$0.00	\$102,440.99
11/1/2016	\$3,379,50	\$0.00	\$105,820.49
12/1/2016	\$3,379.50	\$0.00	\$109,199.99
12/31/2016	\$0.00	\$869.42	\$110,069.41
1/1/2017	\$3,379.50	\$0.00	\$113,448.91
2/1/2017	\$3,379.50		\$116,828.41
3/1/2017		\$0.00	
	\$3,379.50	\$0.00	\$120,207.91
3/31/2017	\$0.00	\$ 4.653.15	\$124,861.05
4/1/2017	\$3,379.50	\$0.00	\$128,240.55
5/1/2017	\$3,379.50	\$0.00	\$131,620.05
6/1/2017	\$3,379.50	\$0.00	\$134,999.55
6/30/2017	\$0.00	\$3,543.20	\$138,542.75
7/1/2017	\$3,379.50	\$0.00	\$141,922,25
8/1/2017	\$3,379.50	\$0.00	\$1 45,301.75
9/1/2017	\$3,379.50	\$0.00	\$148,681.25
9/30/2017	\$0.00	\$3,795.71	\$152,476.96
10/1/2017	\$3,379.50	\$0.00	\$155,856.46
11/1/2017	\$3,379.50	\$0.00	\$159,235.96
12/1/2017	\$3,379.50	\$0.00	\$162,615.46
12/31/2017	\$0.00	\$4.755.41	\$167,370.87
1/1/2018	\$3,379.50	\$0.00	\$170,750.37
2/1/2018	\$3,379.50	\$0.00	\$174,129.87
3/1/2018	\$3,379.50	\$0.00	\$177,509.37
3/31/2018	\$0.00	(80,70,30)	\$176,521.02
4/1/2018	\$3,379.50	\$0.00	\$179,900.52
5/1/2018	\$3,379.50	\$0.00	\$183,280.02

DROP Account Statement For: Rose Mone

Statement Date: 03/16/2020

i i			
•	Deposit	Interest	Balance
6/1/2018	\$3,379.50	\$0.00	\$186,659,52
6/30/2018	\$0.00	\$1,289.74	\$187,949.25
7/1/2018	\$3,379.50	\$0.00	\$191,328.75
8/1/2018	\$3,379.50	\$0.00	\$194,708.25
9/1/2018	\$3,379.50	\$0.00	\$198,087.75
9/30/2018	\$0.00	\$4,537.86	\$202,625.62
10/1/2018	\$3,379.50	\$0.00	\$206,005.12
11/1/2018	\$3,379.50	\$0.00	\$209,384.62
12/1/2018	\$3,379.50	\$0.00	\$212,764.12
12/31/2018	\$0.00	\$14,913,60	\$197,850.51
1/1/2019	\$3,379.50	\$0.00	\$201,230.01
2/1/2019	\$3,379.50	\$0.00	\$204,609.51
3/1/2019	\$3,379.50	\$0.00	\$207,989.01
3/31/2019	\$0.00	\$15,546,41	\$223,535.42
4/1/2019	\$3,379.50	\$0.00	\$226,914.92
5/1/2019	\$3,379.50	\$0.00	\$230,294.42
6/1/2019	\$3,379.50	\$0.00	\$233,673.92
6/19/2019**	\$21,639.44	\$0.00	\$255,313.36
6/30/2019	\$0.00	\$7,205.93	\$262,719.29
Life to 6/30/2019	\$224,409.44	\$38,309.85	262,719.29
Payment 9/12/2019 Payment 3/16/2020	\$224,409.44	-\$30,271.12 -\$8,038.73	
	•		



DROP Start Date:

Life to Date

7/1/2014

DROP End Date:

6/30/2019

\$0.00

\$0.00

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name :	Jit	endra Patel	Dept:	Public Utilit	ies Da	te of Birth/Age:		08/07/1960	54
Hire Date :	11/07/1988		Term Date: P Date :	07/31/2019 08/01/2014		pars of Service :	C:	27.00	
Name of Benefic	iary <u>Sarlt</u>	a Patel/Kusha	l Patel/Devi Patel		Purch	ase 3 months	S:		
Date of Birth/Age	04/2	5/1961-53/06/0	3/1992-22/06/03/1994-:	20	Social Security	/ Number :			
		•			Hours	Earnings (Includ	led in final carr	lnne\	
				Sick	739.84		55,791.33	iiiigo/	
Earnings 10 Year	rs Preceding			Vacation	22.37	\$	1,686.92		
Year		Gross		Holiday		\$	-		
2025 6			•	Comp.		\$	-	•	
2005 \$,552.00		Bld Comp.	o in in monocity. The constraints reserved in	\$ NUMBER CONTRACTOR OF AN ASSESSMENT OF AN ASSESSMENT OF		the State of the S	die a
2006 \$,972.80		Total	762.21	-\$	57,478.25	"是我的关约 "	
2007 \$,347.20							
2008 \$ 2009 \$,237.60				ent for Overtime		Adjusted	
2010 \$,339.60 ,022.40		Year	No. Pays	-	Overtime		
2010 \$,022.40 ,693.60		2011	7			\$ -	ı
2012 \$,300.00		2012 2013	26			\$ -	ŀ
2013 \$,704.00		2013	26 19			*	
2014 \$,760.00		2014	าฮ	\$ -	•	Ъ	l
Highest Consecu	itiva 70 Davis			1.00.0000000000000000000000000000000000	Security of New York -	\$ -	A 15500 Transport of the 1550		
nighest consecu	uuve 10 Pays			IUIAL		\$	\$	·\$	4
Year No. Pa	avs					CCRUED BENI	FIT	***********	7
2008	14	\$	71,735.20	1		Avg. Per Monti		i.	-
2009	26	\$	133,339.60	1		Multiplier	1 (g1033/00)		
2010	26	¢	•				44	•	•
2010	12	\$	133,022.40 59,673.60			Monthly benefit Years of Service		ice	1
Total	78 \$	HATTON ATOMOS	397,770.80						-
Leave Payout	10 \$	5/4/1/35, G1/5/5/5	57,478.25	1	\$10,243.10	Monthly Norma	ai Annuity		ļ
Totals	- \$		455,249.05						
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Options:									
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20 Year -	= 				Ψ10,20,10				
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	9042 = \$ 9	261.81		Partie.	F ANNUALL	en nea na		175,044,051,05	. 6
		201.01		PAYABL	E ANNUITY:	\$9,261.81		字:00 (1) (1)	E

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Partici	pant Name: STENDEA A.PAC SSN: XXX-XX					
l elect	to withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).					
Check	- the boxes below that apply and complete <u>all</u> of the requested information.					
	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.					
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.					
Ø	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:					
	Account Holder's Name: SITENDEA A-PATCL					
	Account Number:					
	Account Type:					
į	Financial Institution's Name: NATIONNIDE					
	Financial Institution Address: PO BOX 183150 COLMONS 0H 43218					
	In order for this form to be valid, a representative of the financial institution for the above referenced account <u>must</u> attest to the following statement. <u>This form will be returned without this signature.</u>					
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.					
	Signature of Financial Institution Authorized Representative: See ATTACHED					
SAPaloz. 7,1,19						
Partici	Participant's Signature Date Signed					
	300 S.W. 104 ST PUNTATION FL - 33317					
	nt Address City State Zip Code					
	254 - 260-7276 none Number					
i Gi c pi						
Plan A	administrator's Signature Date Signed					

DROP Account Statement For: Jitendra Patel

Statement Date 3/31/2020

	Deposit	Interest	Balance	
			ድ ስ ለስ	
8/1/2014	\$9,261.81	\$0.00	\$0.00 \$9,261.81	
9/1/2014	\$9,261.81	\$0.00	\$18,523.62	
9/30/2014			\$18,435.70	
9/30/2014*		\$87.92	\$18,523.62	
10/1/2014	\$9,261.81	\$0.00	\$27,785.43	
11/1/2014	\$9,261.81	\$0.00	\$37,047.24	
12/1/2014	\$9,261.81	\$0.00	\$46,309.05	
12/31/2014		\$1,141.58	\$47,450.63	
1/1/2015	\$9,261.81	\$0.00	\$56,712.44	
2/1/2015	\$9,261.81	\$0.00	\$65,974.25	
3/1/2015	\$9,261.81	\$0.00	\$75,236.06	
3/31/2015		\$1,558.95	\$76,795.01	
4/1/2015	\$9,261.81	\$0.00	\$86,056.82	
5/1/2015	\$9,261.81	\$0.00	\$95,318.63	
6/1/2015	\$9,261.81	\$0.00	\$104,580.44	
6/30/2015		\$179.10	\$104,759.54	
7/1/2015	\$9,261.81	\$0.00	\$114,021.35	
8/1/2015	\$9,261.81	\$0.00	\$123,283.16	
9/1/2015	\$9,261.81	\$0.00	\$132,544.97	
9/30/2015		\$5,017,46	\$127,527.51	
9/30/2015*		\$2,137.83	\$129,665.34	
10/1/2015	\$9,261.81	\$0.00	\$138,927.15	
11/1/2015	\$9,261.81	\$0.00	, \$148,188.96	
12/1/2015	\$9,261.81	\$0.00	\$157,450.77	
12/31/2015		2.021\$47772(66)	\$162,230.43	
1/1/2016	\$9,261.81	\$0.00	\$171,492.24	
2/1/2016	\$9,261.81	\$0.00	\$180,754.05	
3/1/2016	\$9,261.81	\$0.00	\$190,015.86	
3/31/2016		\$3,060,86	\$193,076.19	
4/1/2016	\$9,261.81	\$0.00	\$202,338.00	
5/1/2016	\$9,261.81	\$0.00	\$211,599.81	
6/1/2016	\$9,261.81	\$0.00	\$220,861.62	

DROP Account Statement For: Jitendra Patel

Statement Date 3/31/2020

	Deposit	Interest	Balance
6/30/2016		\$2,924.08	\$223,785.70
7/1/2016	\$9,261.81	\$0.00	\$233,047.51
8/1/2016	\$9,261.81	\$0.00	\$242,309.32
9/1/2016	\$9,261.81	\$0.00	\$251,571.13
9/30/2016		\$9,665,44	\$261,236.57
10/1/2016	\$9,261.81	\$0.00	\$270,498.38
11/1/2016	\$9,261.81	\$0.00	\$279,760.19
12/1/2016	\$9,261.81	\$0.00	\$289,022.00
12/31/2016		\$\$ \$\$2,298.50	\$291,320.50
1/1/2017	\$9,261.81	\$0.00	\$300,582.31
2/1/2017	\$9,261.81	\$0.00	\$309,844.12
3/1/2017	\$9,261.81	\$0.00	\$319,105.93
3/31/2017		\$ 42,340.74	\$331,446.68
4/1/2017	\$9,261.81	\$0.00	\$340,708.49
5/1/2017	\$9,261.81	\$0.00	\$349,970.30
6/1/2017	\$9,261.81	\$0.00	\$359,232.11
6/30/2017		\$9,421,18	\$368,653.28
7/1/2017	\$9,261.81	\$0.00	\$377,915.09
8/1/2017	\$9,261.81	\$0.00	\$387,176.90
9/1/2017	\$9,261.81	\$0.00	\$396,438.71
9/30/2017		\$10,114.20	\$406,552.91
10/1/2017	\$9,261.81	\$0.00	\$415,814.72
11/1/2017	\$9,261.81	\$0.00	\$425,076.53
12/1/2017	\$9,261.81	\$0.00	\$434,338.34
12/31/2017		\$12,694,46	\$447,032.80
1/1/2018	\$9,261.81	\$0.00	\$456,294.61
2/1/2018	\$9,261.81	\$0.00	\$465,556.42
3/1/2018	\$9,261.81	\$0.00	\$474,818.23
3/31/2018		\$12.047.4 5	\$472,175.74
4/1/2018	\$9,261.81	\$0.00	\$481,437.55
5/1/2018	\$9,261.81	\$0.00	\$490,699.36
6/1/2018	\$9,261.81	\$0.00	\$499,961.17
6/30/2018		\$3,453,04	\$503,414.21

DROP Account Statement For: Jitendra Patel

Statement Date 3/31/2020

_	Deposit	Interest	Balance
7/1/2018	\$9,261.81	\$0.00	\$512,676.02
8/1/2018	\$9,261.81	\$0.00	\$521,937.83
9/1/2018	\$9,261.81	\$0.00	\$531,199.64
9/30/2018		\$12,164.26	\$543,363.90
10/1/2018	\$9,261.81	\$0.00	\$552,625.71
11/1/2018	\$9,261.81	\$0.00	\$561,887.52
12/1/2018	\$9,261.81	\$0.00	\$571,149.33
12/31/2018		\$40,020.93	\$531,128.40
1/1/2019	\$9,261.81	\$0.00	\$540,390.21
2/1/2019	\$9,261.81	\$0.00	\$549,652.02
3/1/2019	\$9,261.81	\$0.00	\$558,913.83
3/31/2019		\$41,763.04	\$600,676.87
4/1/2019	\$9,261.81	\$0.00	\$609,938.68
5/1/2019	\$9,261.81	\$0.00	\$619,200,49
6/1/2019	\$9,261.81	\$0.00	\$628,462.30
6/19/2019**	\$54,207.13	\$0.00	\$682,669.43
6/30/2019		\$19.871.25	\$702,540.68
7/1/2019	\$9,261.81	\$0.00	\$711,802.49
7/31/2019		\$3,132,71	\$714,935.20
Life to 7/31/2019	\$609,915.73	\$105,019.47	714,935.20
Payment 10/11/2019 Payment 3/16/2020	-\$609,915.73 \$0.00	-\$80,273.40 -\$24,746.07	M
Life to Date	\$0.00	\$0.00	

DROP Start Date: DROP End Date: 8/1/2014 7/31/2019

*Interest Adjustment

**Refund of Contributions per Ordinance O-2019-14.



Name :	Falth Pinno	ock-Lee	Dept :	Fire Rescue	Da	te of Birth/Age:		05/03/1971 4
Hire Date :	12/20/1993	Te DROP D	rm Date: ate :	07/15/2019 01/01/2019	, Ye	ars of Service :) C:	25.00
Name of Benefi	iclary		<u> </u>				. , S :	
Date of Birth/A	ge				Social Security	Number :		
•	e e e							
•					Hours	Earnings (Inclu	ded in final earr	nings)
Earnings 10 Va	ears Preceding Re			Sick	6.28	\$	195.87	•
Year		urement ross		Vacation Hollday	36.19	\$	1,128.77	
1 501		1033		Comp.		ф. e		
2009 \$	56,096	3.00		Bld Comp.		\$		
2010 \$	56,464			Total	42.47	Š	1,324.64	
2011 \$	54,108	3.20	١			Contraction of the Contraction of States		an to be the control of the the there is a starting of
2012 \$	51,734	1.40		1		***	'. · ·	Adjusted
2013 \$	52,748		<u>, .</u>	Year	No. Pays	Salary	Overtime	Gross
2014 \$	56,445			2015				\$ -
2015 \$	57,657			2016	25		\$ 207.90	
2016 \$	60,869		• ,	2017	27			\$ 64,900.87
2017 \$ 2018 \$	64,90(1.7	2 · · · · · · · · · · · · · · · · · · ·	2018	26	\$ 60,497.01		\$ 60,497.01
, <u>⊄</u> 010 φ	60,497	.01				5 -		
Highest Conse	cutive 78 Pays			TOTAL	78	\$\184,049.49	\$ 207.90	\$ 184,257,39
					100			
Year No.	Pays				1	CCRUED BEN	IEFIT	
				1		Avg. Per Mon		
2016	2 5	\$ 58,85	9.51			Multiplier		
2017	27	\$ 64,90	0.87			Monthly bene	fit/vear of serv	/ice
2018	26	\$ 60,49				Years of Serv		
Total	78 \$					Monthly Norm		
Leave Payout	\$	1,32			Ψ3,000.23	MOILLING MOIL	iai Amiuity	
Totals					7.2			
iotais		185,58	2.03.3					
						•	-	
				i				4
•	€ ,			1 .			•	
*	•	. *	• .					
Options:	•		-	1	_		+*.	
					•			٠. ١
5 Year -	= \$	= "		1	TOTAL MO	ONTHLY NOR	MAL ANNUITY	, [
10 Year -	= \$			1	\$3,866.29			`
20 Year -	= \$	-		<u> </u>	7-,	·	1 11	
Equal -	= \$	_		BASIC CHISSOSS	STATE STATE	PROPERTY AND LEASE		(154pg) y n.C.(1400000001100000
Half -	= \$			PAVABI	E ANNUITY:	\$3.866.29	(17) or s. (4) (6).	
			•			30,000.23	Service Service	Amazana F

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Partici	pant Name:	Farth +	innocktee	SSN: XXX-XX		
I elect t	to withdraw my a	accumulated benefit	in the Deferred Retirement	Optional Plan (DROP).		
Check	- the boxes belo	w that apply and co	mplete <u>all</u> of the requested in	nformation.		
	consequences	associated with th	is option and that 20% w	to me. I understand that there may be tax will be withheld and forwarded to the Internal linst my Federal income tax.		
	I wish to have consequences Revenue Servi	associated with th	made payable directly is option and that 20% withholding to be credited again	to me. I understand that there may be tax rill be withheld and forwarded to the Internal inst my Federal income tax.		
	account:	bollahee	ofetho, book	amount to the following qualified, tax-deferred PES Shortholder Soc.		
	Account Holder	r's Name: <u>Far</u>	te A. Pinne	ochlee		
	Account Number	er:				
	Account Type:	¾ .RA □ 457 De	eferred Compensation 🔲 II	RS Qualified Plan Other		
	Financial Institu	ıtion's Name:	PFS Share	holder Services (1)		
	Financial Institu	ution Address: 🖳 🕻	D. Box 9662	Providence Rhode Island		
	In order for this	form to be valid, a	representative of the finance	cial institution for the above referenced account rned without this signature.	C	
	By signing bell transfers from a	ow, I confirm that a qualifled pension p	the account referenced ab lan and we acknowledge tha	pove is an account qualified to accept direct at such will be accepted.		
	Signature of Fir	nancial Institution Au	thorized Representative:	MULT -		
	D			5		
Dortloin	ant's Signature	Ef-Lee	06,20	0,2019		
	ants signature	2 1 61	#306, Pembroke	· .		
Current	Address	erroun or	City State	e Knes Kr. 33024		
954 494 9203						
Telepho	one Number	77				
Plan Ad	Iministrator's Sig	mature mature		<u>7/2019</u> ed		
Pt.	ease	See	orHached	for additional		
Revised 2	20190607	noncial	Institut	TO PFS Therehold So	بر ص	

\$10,000

DROP Account Statement For: Faith Pinnock-Lee

Statement Date 3/31/2020

	Deposit	Interest	Balance
			\$0.00
1/1/2019	\$3,866.29	\$0.00	\$3,866.29
2/1/2019	\$3,866.29	\$0.00	\$7,732.58
3/1/2019	\$3,866.29	\$0.00	\$11,598.87
3/31/2019	\$0.00	\$587,50	\$12,186.37
4/1/2019	\$3,866.29	\$0.00	\$16,052.66
5/1/2019	\$3,866.29	\$0.00	\$19,918.95
6/1/2019	\$3,866.29	\$0.00	\$23,785.24
6/19/2019*	\$2,630.45	\$0.00	\$26,415.69
6/30/2019	\$0.00	\$621.10	\$27,036.79
7/15/2019	\$1,870.79	\$0.00	\$28,907.58
7/31/2019	\$0.00	\$61.62	\$28,969.20
Life to 7/15/2019	\$27,698.98	\$1,270.22	28,969.20
Payment 9/12/2019 Payment 3/16/2020	-\$27,698.98	\$0.00 -\$1,270.22	<u> </u>
Life to Date	\$0.00	\$0.00	

DROP Start Date:

1/1/2019

DROP End Date:

7/15/2019

^{*}Refund of Contributions per Ordinance O-2019-14.



Name :	Renee Richards	Dept :	PRCA	Date of Birth/Age:	02/03/1969 46
Hire Date : 01/0	Term Date 01/1989 DROP Date :	: .	08/29/2019 09/01/2014	Years of Service :	C: 26.00
			-	Purchase 4 months	S:
Name of Beneficiary	Donald Lukehart				
Date of Birth/Age	4/1/1963-51		So-	cial Security Number :	
				e 1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				urs Earnings (included 403.14 \$	21,495.42
Familiana 40 Value De	seeding Datiroment		Sick Vacation	403.14 \$ \$	21,430.42
Earnings 10 Years Pro	Gross		Holiday	\$	-
Teal	Gloss		Comp.	Š	- .
2005 \$	63,788.48		Bld Comp.	\$	=
2006 \$	67,667.20		Total	403.14 \$	21,495.42
2007 \$	77,700.63				
2008 \$	77,067.05]		Adjusted
2009 \$	88,091.36 *		Year	No. Pays Salary	Overtime .
2010 \$	86,657.20		2011	7	\$ -
2011 \$	83,323.48		2012	26	\$ -
2012 \$	78,137.20		2013	26	5 -
2013 \$	83,609.60		2014	19	\$ -
2014 \$	59,644.80			\$ -	
*Includes non-pensio			SSECTATAL	78 \$. \$
Highest Consecutive	78 Pays		SALOIAL ME	STATES AND A STATE OF THE STATE	Marie Barrier (1996) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)
				ACCRUED BENEF	iT .
Year No. Pays	•			7,717.26 Avg. Per Month (
	3				grossiooj
2009 26	\$ 86,345	SECONDARY OF		3.0% Multiplier	
2010 26	, ,			231.5177 Monthly benefit/	
2011 26	\$ 83,323	.48	,	26.00 Years of Service	
Total 78	\$ 256,325	.88		\$6,019.46 Monthly Normal	Annuity
Leave Payout	\$ 21,495	.42			
Totals	\$ 277,821	.30			
,				•	1
					•
			<u> </u>		
			1		i i
Options:				•	1
# V.			. [TOTAL MONTHLY NORMA	I ANNIJITY
5 Year -	- <u>-</u> -			\$6,019.46	<u> </u>
10 Year -	= <u>\$</u> -		L	φυ, υ 1 3.40	
20 Year -	= _\$ -		Andreas and a second	the second secon	and the second second second second
	<u> </u>				
Half -	= <u>\$ -</u>		PAYABLE	ANNUITY: \$5,701.63	
			902 (4.054.2)	President William Control	106 166 227 27 27 17 17 17 17 18 11

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Partici	pant Name: <u>Kenee Kichards</u> ssn: xxx-xx
i elect t	o withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).
Check	- the boxes below that apply and complete <u>all</u> of the requested information.
Ü.	I wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
	I wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.
Ø	I wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:
	Account Holder's Name: Renee Richards
	Account Number:
	Account Type: IRA 457 Deferred Compensation IRS Qualified Plan Other
	Financial Institution's Name: Wationton
	Financial Institution Address: 150 183150 Columbus 0H 43218
	In order for this form to be valid, a representative of the financial institution for the above referenced account <u>must</u> attest to the following statement. <u>This form will be returned without this signature.</u>
•	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.
	Signature of Financial Institution Authorized Representative
Zu	e Richa 7,22,2019
Particip	pant's Signature Date Signed
310	el SW 24 th St Davie FL 33324 t Address City State Zip Code
	<u>54 - 895 - 6478</u> one Number
	Sales 7 75,19
Plan A	dministrator's Signature Date Signed

DROP Account Statement For: Renee Richards

Statement Date 3/31/2020

	Deposit	Interest	Balance
9/1/2014	\$5,701. 63	\$0.00	\$5,701.63
9/30/2014		-\$18.04	\$5,683.59
9/30/2014*		\$18.04	\$5,701.63
10/1/2014	\$5,701.63	\$0.00	\$11,403.26
11/1/2014	\$5,701.63	\$0.00	\$17,104.89
12/1/2014	\$5,701.63	\$0.00	\$22,806.52
12/31/2014		\$527.07	\$23,333.59
1/1/2015	\$5,701.63	\$0.00	\$29,035.22
2/1/2015	\$5,701.63	\$0.00	\$34,736.85
3/1/2015	\$5,701.63	\$0.00	\$40,438.48
3/31/2015		\$820.82	\$41,259.30
4/1/2015	\$5,701.63	\$0.00	\$46,960.93
5/1/2015	\$5,701.63	\$0.00	\$52,662.56
6/1/2015	\$5,701.63	\$0.00	\$58,364.19
6/30/2015		\$98,95	\$58,463.14
7/1/2015	\$5,701.63	\$0.00	\$64,164.77
8/1/2015	\$5,701.63	\$0.00	\$69,866.40
9/1/2015	\$5,701.63	\$0.00	\$75,568.03
9/30/2015		\$2,843,47	\$72,724.56
9/30/2015*	•	\$1,396.63	\$74,121.19
10/1/2015	\$5,701.63	\$0.00	\$79,822.82
11/1/2015	\$5,701.63	\$0.00	\$85,524.45
12/1/2015	\$5,701.63	\$0.00	\$91,226.08
12/31/2015		\$2,758.49	\$93,984.57
1/1/2016	\$5,701.63	\$0.00	\$99,686.20
2/1/2016	\$5,701.63	. \$0.00	\$105,387.83
3/1/2016	\$5,701.63	\$0.00	\$111,089.46
3/31/2016		\$1,784.31	\$112,873.77
4/1/2016	\$5,701.63	\$0.00	\$118,575.40
5/1/2016	\$5,701.63	\$0.00	\$124,277.03
6/1/2016	\$5,701.63	\$0.00	\$129,978.66
6/30/2016		\$1,717.38	\$131,696.04

DROP Account Statement For: Renee Richards

Statement Date 3/31/2020

	Deposit	Interest	Balance
7/1/2016	\$5,701.63	\$0.00	\$137,397.67
8/1/2016	\$5,701.63	\$0.00	\$143,099.30
9/1/2016	\$5,701.63	\$0.00	\$148,800.93
9/30/2016		\$5,708.07	\$154,508.99
10/1/2016	\$5,701.63	\$0.00	\$160,210.62
11/1/2016	\$5,701.63	\$0.00	\$165,912.25
12/1/2016	\$5,701.63	\$0.00	\$171,613.88
12/31/2016		\$1,963.13	\$172,977.01
1/1/2017	\$5,701.63	\$0,00	\$178,678.64
2/1/2017	\$5,701.63	\$0.00	\$184,380.27
3/1/2017	\$5,701.63	\$0.00	\$190,081.90
3/31/2017		\$ 7,343.66	\$197,425.56
4/1/2017	\$5,701.63	\$0.00	\$203,127.19
5/1/2017	\$5,701.63	\$0.00	\$208,828.82
6/1/2017	\$5,701.63	\$0.00	\$214,530.45
6/30/2017		\$5,621,66	\$220,152.11
7/1/2017	\$5,701.63	\$0.00	\$225,853.74
8/1/2017	\$5,701.63	\$0.00	\$231,555.37
9/1/2017	\$5,701.63	\$0.00	\$237,257.00
9/30/2017		\$6,048.91	\$243,305.90
10/1/2017	\$5,701.63	\$0.00	\$249,007.53
11/1/2017	\$5,701.63	\$0.00	\$254,709.16
12/1/2017	\$5,701.63	\$0.00	\$260,410.79
12/31/2017		\$7,606,62	\$268,017.41
1/1/2018	\$5,701.63	\$0.00	\$273,719.04
2/1/2018	\$5,701.63	\$0.00	\$279,420.67
3/1/2018	\$5,701.63	\$0.00	\$285,122.30
3/31/2018		\$50,000,000	\$283,536.31
4/1/2018	\$5,701.63	\$0.00	\$289,237.94
5/1/2018	\$5,701.63	\$0.00	\$294,939.57
6/1/2018	\$5,701.63	\$0.00	\$300,641.20
6/30/2018		\$2,075.49	\$302,716.69
7/1/2018	\$5,701.63	\$0.00	\$308,418.32

DROP Account Statement For: Renee Richards

Statement Date 3/31/2020

	Deposit	Interest	Balance
8/1/2018	\$5,701.63	\$0.00	\$314,119.95
9/1/2018	\$5,701.63	\$0.00	\$319,821.58
9/30/2018		\$7,320.87	\$327,142.44
10/1/2018	\$5,701.63	\$0.00	\$332,844.07
11/1/2018	\$5,701.63	\$0.00	\$338,545.70
12/1/2018	\$5,701.63	\$0.00	\$344,247.33
12/31/2018		\$24,113.22	\$320,134.12
1/1/2019	\$5,701.63	\$0.00	\$325,835.75
2/1/2019	\$5,701.63	\$0.00	\$331,537.38
3/1/2019	\$5,701.63	\$0.00	\$337,239.01
3/31/2019		\$25,190.50	\$362,429.51
4/1/2019	\$5,701.63	\$0.00	\$368,131.14
5/1/2019	\$5,701.63	\$0.00	\$373,832.77
6/1/2019	\$5,701.63	\$0.00	\$379,534.40
6/19/2019**	\$37,998.67	\$0.00	\$417,533.07
6/30/2019		\$12,051.75	\$429,584.82
7/1/2019	\$5,701.63	\$0.00	\$435,286.45
8/1/2019	\$5,333.78	\$0.00	\$440,620.23
8/29/2019		\$3,730,27	\$444,350.50
Life to 8/29/2019	\$379,728.62	\$64,621.88	444,350.50
Payment 11/8/2019 Payment 3/16/2020	-\$379,728.62 \$0.00	-\$47,762.57 -\$16,859.31	M
Life to Date	\$0.00	\$0.00	

DROP Start Date:

9/1/2014

DROP End Date:

8/29/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



Name:	John Sullivan	Dept:	Public Works 10/01/2019 07/01/2017	Date of Birth/Age	:	05/08/1962 5	
Hire Date : 11/	-	:		Years of Service : Purchase 4 months	: C: S:	25.00	
Name of Beneficiary	Lynn Sullivan			·			
Date of Birth/Age	1/13/1964-53		Soc	ial Security Number :			
			Нор	ırs Earnings (incl	uded in final ear:	nings)	
E 1 4634 D			Sick	526.29 \$	20,551.62	· .	
Earnings 10 Years Pre	-		Vacation	125.00 \$	4,881.25		
rear	Gross		Hollday	\$ •	-		
2008 \$	64,046,80		Comp. Bld Comp.	Ģ e	•		
2009 \$	63,983.58		Total	651,29 🕏	25,432,87		
2010 \$	63,599,70		Salar San and Bellin hash salar all range of the		- ALL CONTRACTOR	SECTION AND ADDRESS OF THE SECTION	
2011 \$	61,439.00					Adjusted	
2012 \$	57,366.80	1000	Year	No. Pays Salar	/ Overtime	1	
2013 \$	61,065.98	•	2014	13 \$ 33,123.82		\$ 35,225.91	
2014 \$	66,085.23		2015	26 \$ 69,784.55		\$ 75,609.29	
2015 \$	69,784.55	}	2016	26 \$ 77,549.03			
2016 \$ 2017 \$	77,549.03 39,763.07		2017	13 \$ 39,763.07 \$ -	\$ 985.17	\$ 40,748.24	
Highest Consecutive	78 Pays	***************************************	TOTAL	\$ 78.*\$ \$220,220.47	\$ 11,453.66	\$ 231,674.13	
Year No. Pays				ACCRUED BE	NEFIT		
2014 13	\$ 35,225.	91		7,141.86 Avg. Per Mo		j	
2015 . 26	\$ 75,609.	.29		3.0% Multiplier	10,		
2016 26	\$ 80,090.	.69	•	214.2558 Monthly ben	efit/vear of serv	rice	
2017 13	\$ 40,748.			25.00 Years of Ser		. [
Total 78	\$ 231,674			\$5,356.40 Monthly Nor		1	
Leave Payout	\$ 25,432	en culture at		wo,obcto monthly mon	mai Familiary		
Totals	\$ 257,107		1			.]	
	i de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp	Ju-su-s		. \			
•						ı	
٠ .							
Options:		,		,			
5 Year -	= \$ -			TOTAL MONTHLY NOR	MAI ANNIIITY	,	
10 Year - = \$ -			\$5,356.40				
20 Year -	= \$			42,0001 IV		· · · ·	
	= \$ 4,792.90		delta e persona de la como		reinne visterierasianie ma	a successive terminal	
	= \$ -		S PAYABLE A	NUITY: \$4,792.90	<i>O</i> 3		
	 						

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND DEFERRED RETIREMENT OPTION PLAN (DROP) DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	nt Name: John M Sullivary SSN: XXX-XX-
l elect to	withdraw my accumulated benefit in the Deferred Retirement Optional Plan (DROP).
Check -	ne boxes below that apply and complete <u>all</u> of the requested information.
- 11	wish to have the entire distribution made payable directly to me. I understand that there may be tax onsequences associated with this option and that 20% will be withheld and forwarded to the internal levenue Service as income tax withholding to be credited against my Federal income tax.
	wish to have \$ made payable directly to me. I understand that there may be tax onsequences associated with this option and that 20% will be withheld and forwarded to the Internal tevenue Service as income tax withholding to be credited against my Federal income tax.
X	wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred ecount:
	Account Number: Account Type;
	Signature of Financial Institution Authorized Representative:
1/4 Currer 95	M Sult 9 5, 2019 Date Signed $46 NW 475T Surrise FL 33323$ Address City State Zip Code $4-465-8446$ Une Symmetry Code
	ministrator's Signature 7 / 1 / 9 Date Signed

DROP Account Statement For: John Sullivan

Statement Date: 3/31/2020

		Deposit	Interest	Balance
7/1/2017		\$4,792.90	\$0.00	\$4,792.90
8/1/2017	e e e e e e e e e e e e e e e e e e e	\$4,792.90	\$0.00	\$9,585.80
9/1/2017		\$4,792.90	\$0.00	\$14,378.70
9/30/2017			\$250,40	\$14,629.10
10/1/2017		\$4,792.90	\$0.00	\$19,422.00
11/1/2017	2	\$4,792.90	\$0.00	\$24,214.90
12/1/2017		\$4,792.90	\$0.00	\$29,007.80
12/31/2017			\$723.14	\$29,730.94
1/1/2018		\$4,792.90	\$0.00	\$34,523.84
2/1/2018		\$4,792.90	\$0.00	\$39,316.74
3/1/2018	•	\$4,792.90	\$0.00	\$44,109.64
3/31/2018			2225.15	\$43,886.48
4/1/2018	· .	\$4,792.90	\$0.00	\$48,679.38
5/1/2018		\$4,792.90	\$0.00	\$53,472,28
6/1/2018		\$4,792.90	\$0.00	\$58,265.18
6/30/2018	÷.		\$376.28	\$58,641.46
7/1/2018		\$4,792.90	\$0.00	\$63,434.36
8/1/2018		\$4,792.90	\$0.00	\$68,227.26
9/1/2018		\$4,792.90	\$0.00	\$73,020.16
9/30/2018			\$1,590.09	\$74,610.25
10/1/2018		\$4,792.90	\$0.00	\$79,403.15
11/1/2018		\$4,792.90	\$0.00	\$84,196.05
12/1/2018		\$4,792.90	\$0.00	\$88,988.95
12/31/2018			\$5,996.91	\$82,992.04
1/1/2019		\$4,792.90	\$0.00	\$87,784.94
			· · · · · · · · · · · · · · · · · · ·	•

DROP Account Statement For: John Sullivan

Statement Date: 3/31/2020

	Deposit	Interest	Balance
2/1/2019	\$4,792.90	\$0.00	\$92,577.84
3/1/2019	\$4,792.90	\$0.00	\$97,370.74
3/31/2019		\$7,034.12	\$104,404.86
4/1/2019	\$4,792.90	\$0.00	\$109,197.76
5/1/2019	\$4,792.90	\$0.00	\$113,990.66
6/1/2019	\$4,792.90	\$0.00	\$118,783.56
6/19/2019**	\$10,838.01	\$0.00	\$129,621.57
6/30/2019		\$3,667,08	\$133,288.65
7/1/2019	\$4,792.90	\$0.00	\$138,081.55
8/1/2019	\$4,792.90	\$0.00	\$142,874.45
9/1/2019	\$4,792.90	\$0.00	\$147,667.35
9/30/2019		\$1,054.41	\$148,721.76
			·
Life to 10/1/2019	\$140,246.31	\$8,475.45	148,721.76
Payment 12/6/2019 Payment 3/16/2020	-\$140,246.31	-\$2,716.75 -\$5,758.70	•
Life to Date	\$0.00	\$0.00	

DROP Start Date: DROP End Date:

7/1/2017 10/1/2019

^{**}Refund of Contributions per Ordinance O-2019-14, less 4 months purchased forward



City of Hollywood, Florida General Employees Pension Calculation of Retirement Benefits

Name :	Robert V	/alker, Jr		_Dept:	Public Utilities	Date of B	lirth/Age:		03/05/1973	45
Hire Date :0	3/29/1993		Term Date: Date :		09/05/2019 10/01/2018	Years of Purchase 6 r	Service :	C:_ .s:_	26.00	
Name of Beneficiary	y <u>Suzanne</u>	Walker								
Date of Birth/Age	12/20/195	53-65			Soci	al Security Numi	ber:	<u>,</u>		
								. .		
					Hour Sick	rs Earni 50.07 \$	ngs (include	ed in final earr 2,622.17	iings)	
Earnings 10 Years	Orosodina Pot	iromont			Vacation	10.00 \$		523.70		
Earnings 10 Years		oss			Holiday	\$		-		
real .	Ψ.	000			Comp.	\$.		-		
2009 \$	65,128	.38			Bld Comp.	\$ 	te avarona seba alabaha		PURKANGEN KANTON	(E) 278
2010 \$	73,954	.81			Total	60.07 \$	State of the	3,145,87	· 其他學術學	252F2
2011 \$	75,550								Adjusted	ı,
2012 \$	77,318				V	No Dovo	Salary	Overtime	Adjustou	
2013 \$	83,747				Year 2011	No. Pays 7	Jaiai y	Overanio	\$ -	- 1
2014 \$	83,857				2012	26			\$ -	
2015 \$	86,232				2013	26			\$ -	ì
2016 \$	95,249 105,604				2014	19			\$ -	. [
2017 \$ 2018 \$	75,756				1 -7	\$				
2010 φ	10,700				· .	\$\$	А	Marketin de Grande and Artis	Face London Field School of the	Graff and
Highest Consecuti	ve 78 Pays				TOTAL	18.\$		\$ 125 125 15 15	5	045
Year No. Pay	/s						RUED BENI			
2015	6 (\$	19,841.8	4		8,322.18 Avg		h (gross/36)		1
	26	\$	95,249.0	7		<u>3.0%</u> Mul	tiplier			
	27	. s	105,604.8	30	į	249.6653 Mor	nthly benef	it/year of ser	vice	- 1
	19	\$	75,756.8		ì	26.00 Yea	rs of Servi	ce		1
	78 \$	Charles	296,452.5			\$6,491.30 Mor				1
	**************************************	ARAK BUTTAN	3,145.8				-			Į.
Leave Payout-	ф NASOREW Val. Scartoca I	of a design water out			•					ŀ
Totals	\$	2.74	299,598.3	18 .				÷		1
•					l l	•				- 1
	•]					
										- 1
Options:										ı
		•			1					- 1
5 Year -	= \$					TOTAL MONT	HLY NORA	IAL ANNUIT	<u>r</u>	1
10 Year -		-			1	\$6,491.30				
20 Year -	= \$									
Equal -	= \$				12 (2) (a) (5) (5)		66. 病病性	e de francisco	3.00 A 利用	
•	887 = \$ 6,41	17.95			PAYABLE A	NNUITY: \$	6,417.95	LANCE STA	GERGE	45 I
Tall * 0.9	<u> υςι – ψ υμγι</u>							SAL A MUNICIPAL		S. Const

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND

DISTRIBUTION OF CONTRIBUTIONS APPLICATION DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

Particip	nt Name: ROBERT (NAUKER SSN: xxx-xx-							
accumu this dist	I have separated from employment with the City of Hollywood and do hereby make application for the return of accumulated contributions to the City of Hollywood Employees' Retirement Fund. I acknowledge that by requesting this distribution, my contributions, with interest will be returned to me and my membership and all the associated rights, benefits, and privileges will be forfeited and relinquished, including accumulated credited service.							
Employ	o other claims against the Employees' Retirement Fund. I forfeit and relinquish all accrued rights in the es' Retirement Fund including all accumulated creditable service. I further declare that I have read and and this application and am signing the same of my own free will and accord.							
Check -	he boxes below that apply and complete <u>all</u> of the requested information.							
ΪĮ	wish to have the entire distribution made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.							
	wish to have \$ made payable directly to me. I understand that there may be tax consequences associated with this option and that 20% will be withheld and forwarded to the Internal Revenue Service as income tax withholding to be credited against my Federal income tax.							
	wish to make a direct transfer of the balance of the taxable amount to the following qualified, tax-deferred account:							
	Account Holder's Name:							
	Account Number:							
	Account Type: IRA I 457 Deferred Compensation IRS Qualified Plan Other							
	Financial Institution's Name:							
	Financial Institution Address:							
	In order for this form to be valid, a representative of the financial institution for the above referenced account must attest to the following statement. This form will be returned without this signature.							
	By signing below, I confirm that the account referenced above is an account qualified to accept direct transfers from a qualified pension plan and we acknowledge that such will be accepted.							
	Signature of Financial Institution Authorized Representative:							
Particir	09 03 2019 Date Signed							
Curren	320 Buenos Aines St. Cooper City FC 33026 Address City State Zip Code							
	75/- 80/- 3038							
reiepn	ne Number Date of Separation 9 # 12019							
Plan A	ministrator's Signature Date Signed							

Revised 20190607

DROP Account Statement For: Robert Walker

Statement Date 3/31/2020

-	Deposit	Interest	Balance
			•
10/1/2018	\$6,417.95	\$0.00	\$6,417.95
11/1/2018	\$6,417.95	\$0.00	\$12,835.90
12/1/2018	\$6,417.95	\$0.00	\$19,253.85
12/31/2018		-\$914.20	\$18,339.65
1/1/2019	\$6,417.95	\$0.00	\$24,757.60
2/1/2019	\$6,417.95	\$0.00	\$31,175.55
3/1/2019	\$6,417.95	\$0.00	\$37,593.50
3/31/2019		\$2,368.70	\$39,962.20
4/1/2019	\$6,417.95	\$0.00	\$46,380.15
5/1/2019	\$6,417.95	\$0.00	\$52,798.10
6/1/2019	\$6,417.95	\$0.00	\$59,216.05
6/19/2019**	\$6,766.26	\$0.00	\$65,982.31
6/30/2019		\$1,716.65	\$67,698.96
7/1/2019	\$6,417.95	\$0.00	\$74,116.91
8/1/2019	\$6,417.95	\$0.00	\$80,534.86
9/1/2019	\$1,069.66	\$0.00	\$81,604.52

DROP Account Statement For: Robert Walker

Statement Date 3/31/2020

	Deposit	Interest	Balance
9/5/2019		\$740.19	\$82,344.71
Life to 9/05/2019	\$78,433.37	\$3,911.34	82,344.71
Payment 9/05/2019 Payment 3/16/2020	-\$78,433.37 \$0.00	\$3,911.34	
Life to Date	\$0.00	\$0.00	

DROP Start Date:

10/1/2018

DROP End Date:

9/5/2019

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.



City of Hollywood, Florida General Employees Pension Calculation of Retirement Benefits

ne of Beneficlary	JoNell Saunders /Melvin Jeffe	erson/ Jorene Wallace)		S:	
e of Birth/Age	08/31/1996-18/10/21/1993-21/3	/23/1978-36 Se	ocial Security Nur	nber:		
•		Н	ours Ear	nings (include	d in final ear	nings)
		Sick	306.71 \$		12,351.21	
nings 10 Years Pr	eceding Retirement	Vacation	\$		-	
Year	Gross	Hollday	\$		•	
		Comp.	/ , \$		-	
2005 \$	48,568.01	Bld Comp.	\$	tini. 17 santa 185 na manana arteriosana carrier manna	ewijerwanen er ekster versen in	
2006 \$	56,543.66	Total	306.71 \$		12,351.21	The second
2007 \$	64,218.91				•	
2008 \$	67,094.40					Adjusted
2009 \$	67,454.42	Year	No. Pays	Salary	Overtime	
2010 \$	67,454.41	2011	. 7			\$ -
2011 \$	64,012.80	2012	26			\$ -
2012 \$	61,200.00	2013	26 19			.
2013 \$	62,976.00 39,749.40	2014	19	-		\$ -
2014 \$	38,718.40		i, 9	-		
hest Consecutive	78 Pays	TOTAL	78 \$	· · · · · · · · · · · · · · · · · · ·	10 m	\$ & A A &
Vara Na Dava			100	RUED BENE	CIT	
Year No. Pays 2007 2	* 6,000.44			j. Per Month		•
		,			(Alossiso)	•
2008 26			<u>3.0%</u> Mu			
2009 26			180.1098 Mo			vice
2010 24	\$ 62,265,61			ars of Service		
tal 78	\$ 203,780.54		\$3,106.89 Mo	nthly Normal	Annuity	
ave Payout	\$ 12,351.21		· ·			
als ·	\$ 216,131.75		100	i.		
	TERMINE BETTER DE LA COMPANSION DE LA COMPANSION DE LA COMPANSION DE LA COMPANSION DE LA COMPANSION DE LA COMP L'ACCOMPANSION DE LA COMPANSION	•				
					e a le	
		·				
tions:						
'ear -	= \$ -		TOTAL MONT	HLY NORMA	L ANNUITY	<u>Y</u>
Year -	= \$	1	\$3,106.89			_

NOTE: As an IRS qualified retirement plan, the City of Hollywood Employees' Retirement Fund is subject to the maximum benefit limitations contained in Section 415 of the Internal Revenue Code. Your benefit as shown above may be reduced by the operation of IRC Section 415.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND **DISTRIBUTION OF CONTRIBUTIONS APPLICATION** DIRECT TRANSFER/WITHHOLDING AUTHORIZATION

SSN: xxx->

PAULENE C. MALLACE

Participant Name:	PAULINE C. WALLAC	SSN: xxx-	
I have separated from accumulated contribution this distribution, my con benefits, and privileges	employment with the City of Hollywons to the City of Hollywood Employentributions, with interest will be returnewill be forfeited and relinquished, incl	d to me and my membership duding accumulated credited	and all the associated rights, service.
- Elaurani Dafiramar	s against the Employees' Retirement at Fund including all accumulated creation and am signing the same of my c	Ballable service. I tarrior	uish all accrued rights in the declare that I have read and
	ow that apply and complete <u>all</u> of the re	ě	· .
wish to have consequences Service as inc	e the entire distribution made payab associated with this option and that 2 ome tax withholding to be credited aga	ole directly to me. I unde 10% will be withheld and forv ainst my Federal income tax	C.
consequences Service as inc	re \$ <u>25,000</u> made payate associated with this option and that 2 ome tax withholding to be credited ag	ainst my Federal income ta	varded to the internal revenue.
I wish to mak account:	e a direct transfer of the balance of t	the taxable amount to the f	ollowing qualified, tax-deferred
Account Num Account Type Financial Inst Financial Inst In order for the must attest to By signing befrom a qualification.	ers name. Tecoco	of the financial institution for will be returned without the start such will be accepted.	r the above referenced account his signature.
Participant's Signatu 3708 East Current Address Telephone Number Plan Administrator's	Shape Road, Minor City	Date Signed State Zip Date Signed	gలఎక Code

DROP Account Statement For: Pauline Wallace

Statement Date 3/31/2020

Ē	Deposit	Interest	Balance
7/1/2014			\$0.00
8/1/2014	\$2,742.77	\$0.00	\$2,742.77
9/1/2014	\$2,742.77	\$0.00	\$5,485.54
9/30/2014		-\$26.04	\$5,459.50
9/30/2014*		\$26.04	\$5,485.54
10/1/2014	\$2,742.77	\$0.00	\$8,228.31
11/1/2014	\$2,742.77	\$0.00	\$10,971.08
12/1/2014	\$2,742.77	\$0.00	\$13,713.85
12/31/2014		\$338.07	\$14,051.92
1/1/2015	\$2,742.77	\$0.00	\$16,794.69
2/1/2015	\$2,742.77	\$0.00	\$19,537.46
3/1/2015	\$2,742.77	\$0.00	\$22,280.23
3/31/2015		\$461.66	\$22,741.89
4/1/2015	\$2,742.77	\$0.00	\$25,484.66
5/1/2015	\$2,742.77	\$0.00	\$28,227.43
6/1/2015	\$2,742.77	\$0.00	\$30,970.20
6/30/2015		\$53.04	\$31,023.24
7/1/2015	\$2,742.77	\$0.00	\$33,766.01
8/1/2015	\$2,742.77	\$0.00	\$36,508.78
9/1/2015	\$2,742.77	\$0.00	\$39,251.55
9/30/2015	•	\$4.\$1,485,86	\$37,765.69
9/30/2015*		\$633.09	\$38,398.78
10/1/2015	\$2,742.77	\$0.00	\$41,141.55
11/1/2015	\$2,742.77	\$0.00	\$43,884.32
12/1/2015	\$2,742.77	\$0.00	\$46,627.09
12/31/2015	•	SSIGNI5KA	\$48,042.53
1/1/2016	\$2,742.77	\$0.00	\$50,785.30
2/1/2016	\$2,742.77	\$0.00	\$53,528.07
3/1/2016	\$2,742.77	\$0.00	\$56,270.84
3/31/2016	•	\$ \$906.28	\$57,177.12
4/1/2016	\$2,742.77	\$0.00	\$59,919.89
5/1/2016	\$2,742.77	\$0.00	\$62,662.66
6/1/2016	\$2,742.77	\$0.00	\$65,405.43

DROP Account Statement For: Pauline Wallace

Statement Date 3/31/2020

	Deposit	Interest	Balance
6/30/2016		\$865.93	\$66,271.36
7/1/2016	\$2,742.77	\$0.00	\$69,014.13
8/1/2016	\$2,742.77	\$0.00	\$71,756.90
9/1/2016	\$2,742.77	\$0.00	\$74,499.67
9/30/2016		\$2,862,30	\$77,361.97
10/1/2016	\$2,742.77	\$0.00	\$80,104.74
11/1/2016	\$2,742.77	\$0.00	\$82,847.51
12/1/2016	\$2,742.77	\$0.00	\$85,590.28
12/31/2016	, ,	\$ \$680.67	\$86,270.95
1/1/2017	\$2,742.77	\$0.00	\$89,013.72
2/1/2017	\$2,742.77	\$0.00	\$91,756.49
3/1/2017	\$2,742.77	\$0.00	\$94,499.26
3/31/2017		%\$ 3,654,56/	\$98,153.82
4/1/2017	\$2,742.77	\$0.00	\$100,896.59
5/1/2017	\$2,742.77	\$0.00	\$103,639.36
6/1/2017	\$2,742.77	\$0.00	\$106,382.13
6/30/2017		\$2,789.96	\$109,172.09
7/1/2017	\$2,742.77	\$0.00	\$111,914.86
8/1/2017	\$2,742.77	\$0.00	\$114,657.63
9/1/2017	\$2,742.77	\$0.00	\$117,400.40
9/30/2017		\$2,995,19	\$120,395.60
10/1/2017	\$2,742.77	\$0.00	\$123,138.37
11/1/2017	\$2,742.77	\$0.00	\$125,881.14
12/1/2017	\$2,742.77	\$0.00	\$128,623.91
12/31/2017		\$3,759.31]	\$132,383.21
1/1/2018	\$2,742.77	\$0.00	\$135,125.98
2/1/2018	\$2,742.77	\$0.00	\$137,868.75
3/1/2018	\$2,742.77	\$0.00	\$140,611.52
3/31/2018		\$77,253	\$139,828.98
4/1/2018	\$2,742.77	\$0.00	\$142,571.75
5/1/2018	\$2,742.77	\$0.00	\$145,314.52
6/1/2018	\$2,742.77	\$0.00	\$148,057,29
6/30/2018		\$1,022.58	\$149,079.87

DROP Account Statement For: Pauline Wallace

Statement Date 3/31/2020

	Deposit	Interest	Balance
7/1/2018	\$2,742.77	\$0.00	\$151,822.64
8/1/2018	\$2,742.77	\$0.00	\$154,565.41
9/1/2018	\$2,742.77	\$0.00	\$157,308.18
9/30/2018		\$3,602.29	\$160,910.47
10/1/2018	\$2,742.77	\$0.00	\$163,653.24
11/1/2018	\$2,742.77	\$0.00	\$166,396.01
12/1/2018	\$2,742.77	\$0.00	\$169,138.78
12/31/2018		4\$11.851.70	\$157,287.08
1/1/2019	\$2,742.77	\$0.00	\$160,029.85
2/1/2019	\$2,742.77	\$0.00	\$162,772.62
3/1/2019	\$2,742.77	\$0.00	\$165,515.39
3/31/2019		\$12,367.61	\$177,882.99
4/1/2019	\$2,742.77	\$0.00	\$180,625.76
5/1/2019	\$2,742.77	\$0.00	\$183,368.53
6/1/2019	\$2,742.77	\$0.00	\$186,111.30
6/19/2019**	\$30,082.33	\$0.00	\$216,193.63
6/30/2019		\$6,030,43	\$222,224.07
7/1/2019	\$2,565.82	\$0.00	\$224,789.89
7/31/2019		\$925,46	\$225,715.35
Life to 7/29/2019	\$194,471.58	\$31,243.77	225,715.35
Payment 10/4/2019 Payment 10/4/2019 Payment 3/16/2020	-\$25,000.00 -\$169,471.58	\$0.00 -\$23,771.97 -\$7,471.80	B)
Life to Date	\$0.00	, \$0.00	

DROP Start Date:

to.

8/1/2014 7/29/2019

DROP End Date:

^{*}Interest Adjustment

^{**}Refund of Contributions per Ordinance O-2019-14.

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND Disbursements Processed February 1, 2020 to February 29, 2020

Charles Howell (FPPTA Winter School)	\$ (283.35)
Cintya Ramos (FPPTA Winter School)	\$ (283.35)
Marcum LLP (January 2019)	\$ (3,300.00)
National Pension Education Assoc (membership)	\$ (750.00)
Phyllis Shaw (FPPTA Winter School)	\$ (317.76)
Segal Marco Advisors (Conference)	\$ (4,800.00)
Sheraton New York Times Square (Wall Street Conference)	\$ (4,021.53)
Union Printing & Signs (Life certificate mailing)	\$ (605.00)
Union Printing & Signs (Life certificate printing)	\$ (957.65)
Wells Fargo Bank (October to December 2019)	\$ (9,453.72)
	\$ (24,772.36)



City of Hollywood Employees' Retirement Fund TRAVEL EXPENSE REPORT

Name:	Department:	Employee No.:
Charles Howell	Pension	
Destination:	Departed (Time/Date):	Returned (Time/Date):
FPPTA Winter Trustees School Orlando FL	1/26/2020	4:00PM-1/29/2020

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Item	Date	1/26/20	1/27/20	1/28/20	1/29/20				Total
Lodging		\$221.19	\$221.19	\$221.19					\$663.57
Breakfast			\$0.00						\$0.00
Lunch		\$19.55							\$19.55
Dinner or	· · · · · · · · · · · · · · · · · · ·								\$0.00
Incidentals		\$5.00	\$5.00	\$5.00	\$5.00				\$20.00
Per Diem Allow	ance								\$0.00
Transportation		\$121.90	<u></u>		\$121.90	·			\$243.80
Registration Fe	e	\$720.00							\$720.00
Taxi/Bus Fares									\$0.00
Vehicle Tolls		\$0.00							\$0.00
Parking Fees									\$0.00
									\$0.00
Total		\$1,087.64	\$226.19	\$226.19	\$126.90	\$0.00	\$0.00	\$0.00	\$1,666.92

Total Advanced	\$ 1,383.57	Budget Acc No. 6301-Travel
Total Expense	\$ 1,666.92	
Due Pension Office or	\$ 	Voucher No.
Due Requester	\$ 283.35	
Remarks:	 	and the second of the second

Remarks:

Traveler: (Sign.)

Elapsed Time and Amount Certified Correct:

Date

Approved (Dept. Head)

Date

.

2/25/2020

Instructions:

- 1. Fill out the section above that is applicable to your travel, i.e., Per Diem Allowance or Actual Expenses.
- 2. Other Allowable expense items are listed. If any such expenses were incurred list same under proper day.
- 3. This form is to be supported by a paid receipts for Hotel Room (when on Actual Expenses), Registration Fee, Toll Fees, Gasoline Tickets, and any or all other slips that are obtainable.
- 4. Within thirty days (30) of return, accounting must be made on this form, properly signed, and submitted to the Pension Office. Excess advanced funds will be returned to the Pension Office. Amounts due the payee will be processed by Pension Office.
- 5. For trips longer than seven (7) days, continue on additional forms.

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City of Hollywood Employees' Retirement Fund TRAVEL EXPENSE REPORT

Name:	Department:	Employee No.:
Cintya Ramos	Pension	
Destination:	Departed (Time/Date):	Returned (Time/Date):
FPPTA Winter Trustees School Orlando FL	1/26/2020	4:00PM-1/29/2020

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
ltem	Date	1/26/20	1/27/20	1/28/20	1/29/20				Total
Lodging		\$221.19	\$221.19	\$221.19					\$663.57
Breakfast			\$0.00						\$0.00
Lunch		\$19.55		-					\$19.55
Dinner or									\$0.00
Incidentals		\$5.00	\$5.00	\$5.00	\$5.00				\$20.00
Per Diem Allowa	ance								\$0.00
Transportation		\$121.90			\$121.90				\$243.80
Registration Fee	2	\$720.00							\$720.00
Taxi/Bus Fares									\$0.00
Vehicle Tolls		\$0.00							\$0.00
Parking Fees									\$0.00
								· · · · · · · · · · · · · · · · · · ·	\$0.00
Total		\$1,087.64	\$226.19	\$226.19	\$126.90	\$0.00	\$0.00	\$0.00	\$1,666.92

Total Advanced	\$ 1,383.57	Budget Acc No. 6301-Travel
Total Expense	\$ 1,666.92	
Due Pension Office or	\$ _	Voucher No.
Due Requester	\$ 283.35	
Remarks:	 	
Memarks.		

Traveler: (Sign.)

Elapsed Time and Amount Certified Correct:

Date

Approved (Dept. Head)

Date

em yallans

2/25/20

Instructions:

- 1. Fill out the section above that is applicable to your travel, i.e., Per Diem Allowance or Actual Expenses.
- 2. Other Allowable expense items are listed. If any such expenses were incurred list same under proper day.
- 3. This form is to be supported by a paid receipts for Hotel Room (when on Actual Expenses), Registration Fee, Toll Fees, Gasoline Tickets, and any or all other slips that are obtainable.
- 4. Within thirty days (30) of return, accounting must be made on this form, properly signed, and submitted to the Pension Office. Excess advanced funds will be returned to the Pension Office. Amounts due the payee will be processed by Pension Office.
- 5. For trips longer than seven (7) days, continue on additional forms.

Attack 12026

CAM CO



Invoice Date: 1/31/2020

Invoice #: 101371131

Payment Terms: Due Upon Receipt

Engagement #: 10327471

Client #: 172711

Send Payment To: Marcum LLP

One SE Third Ave, Suite 1100

Miami, FL 33131

Please refer to invoice number with your payment

Wire & ACH only: TD Bank

855 Franklin Ave Garden City, NY 11530

Account #:

ABA #: 026013673 Please reference invoice number

Please return top portion with remittance.

2600 Hollywood Boulevard

Amount enclosed \$

For Professional Services Rendered:

Billing for the audit of The City's Pension Fund for the fiscal year ended September 30, 2019

3,300.00

Name	Hours
M. Futterman	0.50
H. Garzon	4.00
E. Lerner	23.25
J. Russo	0.10

City of Hollywood

Hollywood, FL 33020

New Charges

3,300.00

Amounts past due 60 days from the invoice date will incur a finance charge of 1% per month.



MARCUMGROUP MEMBER



Invoice

2020 NPEA Membership Dues

P.O Box 90063 Austin, TX 78709

Christina Bailey
City of Hollywood Employees' Retirement System
2600 Hollywood Blvd., City Hall Annex, Room 20
Hollywood, FL 33020

2020 NPEA Membership Dues	Due Date
\$750	Upon Receipt

If you are not the NPEA contact person in your organization, please forward this invoice to the appropriate person. A confirmation of receipt of your membership dues will be emailed to the billing contact provided below. Please help us keep your organization's contact information updated by completing the following information.

Thank you for your support of NPEA. For more information, please visit us at www.npea.com.

Billing Contact and Title	Phone	Email
CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND	(954)-921-3333	
Communications Contact and Title	Phone	Email
VERON SIBBLE		
	9CH 911-3332	المحمد الكلمورين المحالات والماكرة والماكرة
PENSION COORDINATOR	954-921-3333	Vasibble@hollywoodfl.org
PENSION COORDINATOR Member Education Contact and Title	954-921-/3333 Phone	Vasibble@hollywoodfl.org

Return this invoice with your payment to:

Barbie Pearson, Treasurer National Pension Education Association P.O. Box 90063 Austin, TX 78709

Please note the change in address.

NPEA Federal Tax ID: 57-0826753

14000 A46000



City of Hollywood Employees' Retirement Fund TRAVEL EXPENSE REPORT

Name:	Department:	Employee No.:		
PHYLLIS SHAW	Pension			
Destination:	Departed (Time/Date):	Returned (Time/Date):		
FPPTA Winter Trustees School Orlando FL	1/26/2020	4:00PM-1/29/2020		

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
ltem	Date	1/26/20	1/27/20	1/28/20	1/29/20				Total
Lodging	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$221.19	\$221.19	\$221.19					\$663.57
Breakfast		\$18.40	\$0.00					1	\$18.40
Lunch		\$19.55		******	\$19.55				\$39.10
Dinner or									\$0.00
Incidentals		\$5.00	\$5.00	\$5.00	\$5.00				\$20.00
Per Diem Allowa	nce								\$0.00
Transportation					\$208.59				\$208.59
Registration Fee		\$720.00					,		\$720.00
Taxi/Bus Fares							·		\$0.00
Vehicle Tolls		\$16.80			\$14.87		,		\$31.67
Parking Fees									\$0.00
									\$0.00
Total		\$1,000.94	\$226.19	\$226.19	\$248.01	\$0.00	\$0.00	\$0.00	\$1,701.33

Total Advanced	\$	1,383.57	Budget Acc No. 6301-Travel
Total Expense	\$	1,701.33	
Due Pension Office or	\$	-	Voucher No.
Due Requester	\$	317.76	
Remarks:	*		
Traveler: (Sign.)			me and Amount Certified Correct: ate Approved (Dept. Head) Date

Instructions:

1. Fill out the section above that is applicable to your travel, i.e., Per Diem Allowance or Actual Expenses.

2/24/2020

- 2. Other Allowable expense items are listed. If any such expenses were incurred list same under proper day.
- 3. This form is to be supported by a paid receipts for Hotel Room (when on Actual Expenses), Registration Fee, Toll Fees, Gasoline Tickets, and any or all other slips that are obtainable.
- 4. Within thirty days (30) of return, accounting must be made on this form, properly signed, and submitted to the Pension Office. Excess advanced funds will be returned to the Pension Office. Amounts due the payee will be processed by Pension Office.
- 5. For trips longer than seven (7) days, continue on additional forms.

125/2020

7/12/20

Segal Marco Advisors' 2020 Client Conference

REGISTRATION DEADLINE: February 14, 2020

Please complete this form listing each participating Attendee from your fund or organization. If applicable, please include the name and number of Guest(s) to accompany the Attendee who plan to attend the Networking Events. Confirmations will be sent once hotel reservations have been secured.

Fund/Organization Name: City of Hollywood Retiremend Fund

Office Address (Street) 2600 Hollywood Blvd, 2nd floor Annex

City, State, Zip Hollywood, Fl. 33020

Administrator/Contact Name Veron Sibble

Contact Information Email vasibble@hollywoodfl.org Phone 954-921-3333

Conference Registration and Hotel Reservation

Hotel reservations will be made and guaranteed by Segal Marco based on the information provided below.

				lotel Re	servatio	ins 🗼			i/Events	
	Attendecimioma	lon .	ΔVi	nival	Dep	arittire	Fileavis Regeletter	(६००।यस्त्रीहि १८५१ <mark>म् । ११</mark>	Saltitola Metrola Met	y (s) Interess
Name Christine Bailey		/	031	19 0	03/	22 D	Adult(s): 1		Adult(s): 1	#
Email cbailey@hollyw	oodfl.org	American an are no american province of a management of the administration of the admini		•	•	h		• .		•
Guest(s)							ma an de les les com me acres me jes per relationes	n, erromaned norms and amplement journer are resident.	tradicials and devilences and aposts the devile Advisories and anomal	********
Special Requests					*****	144 m 1644 m 1644 m 1644 m 1644 m 1644 m				
Name Phyllis Shaw			031	19 D	034	22 D	Adult(s):	#	Adult(s): 1	#
Email pshaw@hollywo	ofl.org	The first Art 1,000 (Met Art decrease of the sension of the sense of t			•					
Guest(s)	along and the second second conditions of the Miles of the Miles and Miles a	M lati di 6 ho. dil lati in momento notore uno un sociate paparite per per per per per per per per per pe		hibiliki bilini kusuma kel velumina a		a Johannianiani Masar Yaki Johan Indon Johan	1	ala ala ala ana ana ang anana ana ana ang ana ana		The Politic and Incombines
Special Requests	- 	in the first and the stiffed for the self of the self on the self on the second processor or the second processor of the self		- Ind Hit Ind Wildelick in venture to		An hai and menders had need her her der end			and the second s	Elektri, Pin, Iron Loi, Annan v
Name Jeffrey Greene		,	031	19 ^D	03/	22 D	Adult(s): 2	2 #	Adult(s): 2	#
Email cpagreene@aol	.com	Meditador ma van 48 Irodoko ma arra 1961 arr. откол в паших особрого от 1979 огод доругу угу дарууд				<u> </u>	<u> </u>			
Guest(s) Nancy Green	е	th original residence and which decreases described the annual residence and construction of the construction	4-19-45-14-14-14-14-14-14-14-14-14-14-14-14-14-	hadde des diktorer de an somme ek emme a me		y ria na my wa ag wa ad ag pag ay aa ma pa	- And Detailed and Flaunds Deal Bouston Deb and and add and and about	delivisiu de brisidie en misio de bisidie de mayor	Add Microsoft den (146-146) and print (166) form printersons and an analysis par	trition or malana
Special Requests	the district the sile of the s	te recent and an inserting and provide an inserting depths was the distribution of the	hatikanikaten menanaran yan ada menanan			ne 400 min nije 400 Annahanika Annahanika sen ama ni	ramen villade in a president and describe and the president and an orbital	bekännind Musiki och IAA PRind hellen Musika Hellester	1400-1400 1400 1400 1400 1400 1400 1400	
Ise additional sheets as	needed									

Use additional sheets as needed

Fee

The conference fee is \$1,600 per Attendee, which includes all educational sessions, materials, meals and networking events as listed in the agenda. Hotel rooms are the responsibility of the Attendee and will be charged upon arrival. Guests of the registrants are welcome to join in the networking events, but are subject to a separate fee*.

Registered attendees 3 # x \$1,600 \$ 4800 Payment is enclosed Please send an invoice *Guest fees: Friday's Cocktails Reception and Dinner: \$100/adult; Saturday's March Madness Viewing and Dinner: \$125/adult

Please make payment to Segal Marco Advisors. Networking fees for Guests can be paid by check prior to event or at the event by check or credit card.

Should an Attendee need to cancel their conference registration and hotel reservation, please contact Weslee Damiano. Full refunds will be issued for registration cancellations before and including February 13, 2020. Registration cancellations made on and after February 14, 2020, will be refunded at 50% of the conference registration fee per participant. Hotel cancellations will be in accordance with the general policy of the hotel at that time. A full refund for Guests' cancellation for the Networking Events will be issued.

114/2000 All 10000

Return your completed Registration Form or Questions to:

Ms. Weslee M. Damiano Senior Associate, Marketing Specialist Segal Marco Advisors 333 West 34th Street, New York, NY 10001 wdamiano@segalmarco.com | 212.251.5226

Sheraton NY

Room rate	\$ 289.00
Tax	\$ 42.63
Surcharge	\$ 3.50
Per Day	\$ 335.13
Total Room and Taxes	\$ 1,340.51
x 3 people	\$ 4.021.53

My Sales

Florida Public Pension Trustee Association Mar 22, 2020 - Mar 28, 2020 Sheraton New York Times Square

Dear Phyllis Shaw,

We are pleased to confirm your reservations at the Sheraton New York Times Square. The staff of the Sheraton New York Times Square is looking forward to your arrival as part of the Florida Public Pension Trustee Association. Should your travel plans change and you need to make changes to your reservations, please <u>click here</u> or call 800-325-3535.

We look forward to welcoming you to the Sheraton New York Times Square.

- The Staff of the Sheraton New York Times Square

Reservation Details

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Online Confirmation:	32M859DL	a de terra e compara en la constante de la con	et in the transfer of the tran	an tun seneri atti ar-ili a-ili an	energy to the late of the standard standards.
Date Booked:	Jul 23, 2019			***************************************	
Reservation Mame:	Phyllis Shaw			And the commence of the commen	प्रशासिकाः कार्विते वे प्रशासिकाः विकास कार्यः प्रशासिकां विकास क्षेत्रे कार्यः विवास क्षेत्रे कार्यः विवास क
Arrival Date:	Mar 24, 2020	Control Contro	en in de en 1992 de la Section de Comment de la commencial de la commencia		and the second s
Departure Date:	Mar 28, 2020	Communication Co	er og til er og er og er og er og er og er og er og er og er og er og er og er og er og er og er og er og er o Det er og er og er og er og er og er og er og er og er og er og er og er og er og er og er og er og er og er o	Seller (March 1997) - March 1994 (1994) - Albert 19	I
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Number of Rooms:	1			en antien en de antien de antien en antien de de de de de de de de de de de de de	en den menomen de de delse en sol de s'enders de des
Number of Guests:	1				
Night by Night Rate:	Date Mar 24, 2020 Mar 25, 2020 Mar 26, 2020 Mar 27, 2020 Additional Gue Second Guest Third Guest	Guest(s) 1 1 1 1 2 stRate 0.00 30.00	Status Confirmed Confirmed Confirmed Confirmed	Rate 289.00 289.00 289.00 289.00	an basakhera Zar Mur (O
Total Charge:	1,156.00		and the second s		and the rest of the second second second second second second second second second second second second second
Tax Disdosure:	Please note th \$1.50 NY Unit \$2.00 Occupan 14.75% Room	Fee Per Nigh Icy Tax Per Ni	t. ght.	duded into	rates:

Florida Public Pension Trustee Association ~ Mar 22, 2020 - Mar 28, 2020 ~ Sheraton New York Times Square

Dear CHARLES HOWELL,

We are pleased to confirm your reservations at the Sheraton New York Times Square. The staff of the Sheraton New York Times Square is looking forward to your arrival as part of the Florida Public Pension Trustee Association. Should your travel plans change and you need to make changes to your reservations, please <u>click here</u> or call 800-325-3535.

We look forward to welcoming you to the Sheraton New York Times Square.

- The Staff of the Sheraton New York Times Square

Reservation Details

		***************************************	World in the section of the section		
Online Confirmation:	32M9MMCM	2752 2000-180 (1800-18 180 180 180 180 180 180 180 180 180 1	CRACION VIII - CONTRA C	Name of the Ball Setal Const.	in National American Company of Manageria's Company of the Company
Date Booked:	Aug 16, 2019	**************************************			
Reservation Name:	CHARLES HOV	VELL			
Arrival Date:	Mar 24, 2020	A STATE OF THE STA	A PORTO CALLER CALLER CONTROL		Control of the second s
Departure Date:	Mar 28, 2020	er grote (Albert - Lee Albert - Meille - Albert - Meille - Meille - Meille - Meille - Meille - Meille - Meille Meille der der der der der der der der der de	10. C. Service, 2001. et 19. Cel. El 12. Cel. Service et 19. Cel. et 12. Cel. et 19. Ce	- Sawi - Awarda 12000 M. A SAMA AN AMA Masanda amana amanda 14 Anta Maria Maria Maria	
Room Type:	Traditional Ro	ıom King	and the second s	The Control of the Co	mbergaren, va kirjaan perleben programmen.
Number of Rooms:	1 - 100.5 - 10	un Serfin, pf. Timber generalis per Grand in view Serfin und April Grand in Serfin und Serfin und Serfin und S Annual des estatuturas de la servicio de la companya de la companya de la companya de la companya de la companya	To the engineer of an anti-time to make a graduate programme and the second of the sec	langer yer, sekungkere alga i despit dig pada terbeta di tabil Persekannan kemanan persekan dan kemahadah sebah di tabilah	i Andrews and Trade and Construction of the Co
Number of Guests:	1	e en er er er er er er er er er er er er er	The control of the co		A CONTRACT OF THE CONTRACT OF
Might by Night Rate:	Date Mar 24, 2020 Mar 25, 2020 Mar 26, 2020 Mar 27, 2020 Additional Gue Second Guest Third Guest	0_00	Status Confirmed Confirmed Confirmed Confirmed	Rate 289.00 289.00 289.00 289.00	Malana N. W Pauli
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Florida Public Pension Trustee Association → Mar 22, 2020 - Mar 28, 2020 → Sheraton New York Times Square

Dear Christopher Cassidy,

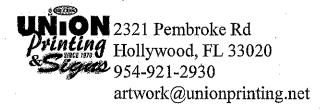
We are pleased to confirm your reservations at the Sheraton New York Times Square. The staff of the Sheraton New York Times Square is looking forward to your arrival as part of the Florida Public Pension Trustee Association. Should your travel plans change and you need to make changes to your reservations, please <u>dick here</u> or call 800-325-3535.

We look forward to welcoming you to the Sheraton New York Times Square.

- The Staff of the Sheraton New York Times Square

Reservation Details

Online Confirmation:	32JM <u>8</u> 5CF3	***************************************		eccumination in Assertance Conference of Committee Service Services	Atlantowniy medaliy siyur vengan ay siyu a
Date Booked:	Jul 23, 2019	The state of the s	37931 4 9 9 3 3 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	active a post-transport to describe difference in the second substituted and substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and the second substituted and substituted and substituted and substituted and substituted and substituted and substituted and substituted and substituted and substituted and substituted and substituted	the disabled refuser transfer any order trains are many
Reservation Name:	Christopher C	assidy	and angular to the contract of		4-04-05-4 (16-4- 24-4-07-04-4-04-04-4-4-04-4-4-4-4-4-4-4-4
Arrival Date:	Mar 24, 2020	al the second second and the second s	and the Control of th	e as is the effective production to all the entered production and the ente	na manggara Ajagara _{kan} maga maga maga maga maga maga maga mag
Departure Date:	Mar 28, 2020	тейден (1 - Сайтын и төлөө) - Со уулуучыг түүн сүр айгууун арчуу суучуун арчуу суучуу суучуу суучуу суучуу сууч Асан <mark>жайн түүн түүн түүн түүн суучуу сууучуу суучуу суучуу суучуу суучуу суучуу суучуу суучуу суучуу сууу</mark>	7786-225 (E. 1935) - 1-35 (E. 1936) - 1-35 (E. 1936) - 1-35 (E. 1936) - 1-35 (E. 1936) - 1-35 (E. 1936) - 1-35 1488-1488-1488-1488-1488-1488-1488-1488	illen – Germanis Alemanis deren in Geografische iller Mit Berkreit Anther von Mit Geografische Institution in Mit Berkreit Anther von Mit Geografische Institution in der State (Institution in State	and a second control of the second control o
Room Type:	Traditional Ro	om King	<u> Tanada kanan katu ya mana kanan kanan kanan ka manaka </u>		Port 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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Night by Night Rate:	Date Mar 24, 2020 Mar 25, 2020 Mar 26, 2020 Mar 27, 2020 Additional Guest	Guest(s) 1 1 1 1 stRate 0.00	Status Confirmed Confirmed Confirmed Confirmed	Rate 289.00 289.00 289.00 289.00	
	Third Guest	30.00	Mar transport was a grown process	The state of the s	The state of the s
Total Charge:	1,156.00	The state of the s		***	Yearing and the second
Tax Disclosure:	Please note th \$1.50 NY Unit I \$2.00 Occupan 14.75% Room	Fee Per Nigh cy Tax Per Ni	c. ght.	ncluded into	rates:



Date	invoice #
1/27/2020	3043

Bill To		Contact	t	ē.	
City of Hollywood Employees' Retirement 2600 Hollywood Blvd. City Hall Annex bldg, Room 20 Hollywood, FL 33020	,				
					-

Project Info	Rep
- ·	

		L	
Quantity	Description	Rate	Amount
1,100	POSTAGE FOR LIFE CERTIFICATE MAILING Sales Tax	0.55 7.00%	605.00 0.00
•			
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		1	
•		·	
•			0 01
			MA
			1 XXX
		Total	\$605.00
			/



Date	Invoice #
1/27/2020	3044

Bill To
City of Hollywood Employees' Retirement
2600 Hollywood Blvd. City Hall Annex bldg, Room 20
Hollywood, FL 33020

Contact						
			•	-		

Project Info	Rep

Quantity	Description	Rate .	Amount
2	8-1/2 x 11 white cougar 60lb. stock letters	250.00	500.00T
1,100	#10 Envelopes, one color, black ink	0.13182	145.007
	fold, inserted to letters into number ten envelope affix postage and address label	250.00	250.001
: :	Sales Tax	7.00%	62.65
	-		
			·
i.			
			D)
			all.

Total

\$957.65

N= 50 0/14/2000



Wells Fargo Bank, N.A.

Fee Invoice:

Account Number:

For Period: Invoice Date: 10/01/2019 - 12/31/2019

01/08/2020

12675654

002699 XNTFDV29 HWD D/B City of Hollywood Employees Retirement Fund 2600 Hollywood Blvd, 2nd Floor Annex Bldg. Hollywood FL 33020

Account Name: HWD D/B

Return To: Wells Fargo Bank, N.A. Trust Services Group NW 5159 P.O. Box 1450 Minneapolis, MN 55485-5159

PAYMENT DUE UPON RECEIPT

Fold Here

Summary of Current Period Fees	Charged	Billed	Total
Administration		.\$2,712.72	\$2,712.72
Disburse & Misc Trans		\$5,773.50	\$5,773.50
Transaction		\$967.50	\$967.50
Total Current Period Fees	·	\$9,453.72	\$9,453.72

Karl Hutchinson 0055938

Myec 80 2/14/2020





Wells Fargo Bank, N.A.

Fee Invoice:

12675654

Account Number:

For Period: Invoice Date: 10/01/2019 - 12/31/2019

01/08/2020

Account Name:

HWD D/B

Contact:

Karl Hutchinson 0055938

Services V	alue / Quantity		Rate	Frequency	Amount '
Administration				•	
Market Value	361,696,568.09	@	0.00003	x 1/4	2,712.72
				Total Administration	\$2,712.72
Disburse & Misc Trans					
Periodic Benefit Payments ACH with Advices	3,790.00	@	1.50		5,685.00
Periodic Benefit Checks	59.00	. @	1.50	1	88.50
		•	Total	Disburse & Misc Trans	\$5,773.50
Transaction					
Domestic Depository Settlements	387.00	@	2.50		967.50
				Total Transaction	\$967.50
				Total	\$9,453.72

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Total Charged to Account	\$0.00
Total Billed	\$9,453.72
Payment Due	\$9,453.72



Wells Fargo Bank, N.A.

Fee Involce:

12675654

Account Number:

For Period: Involce Date: 10/01/2019 - 12/31/2019

01/08/2020

Account Name: H

HWD D/B

Contact:

Karl Hutchinson 0055938

Account Number	Account Name	Charged	Billed	Total
25551900	HWD Northern S&P 500		\$566.46	\$566.46
25551902	HWD Wellington Intl		\$414.85	\$414.85
25551903	HWD Principal Enhanced		\$88.32	\$88.32
25551904	Hwd Brandes Non -Us Sm CP Portfolio		\$103.30	\$103.30
25551905	HWD Harbourvest Dover IX49		\$55.27	\$55.27
25551906	City Of Hollywood Crossroads		\$134.89	\$134.89
25551907	HWD IFM Global		\$72.21	\$72.21
25551908	HWD -Ag Direct Lending		\$84.28	\$84.28
25551909	HWD -Golden Tree		\$122.21	\$122.21
25551910	HWD Neuberger Short Duration		\$268.13	\$268.13
25551912	HWD Goldpoint		\$42.76	\$42.76
25551913	HWD-Northern Extd Equity Mkt Index		\$168.88	\$168.88
25551914	HWD-Angelo Gordon Realty Value Fund		\$14.55	\$14.55
4046000722	HWD D/B		\$5,773.50	\$5,7 <i>7</i> 3.50
4046000759	HWD Thompson		\$1,076.54	\$1,076.54
4046002106	HWD Baird Core Plus Bond		\$311.23	\$311.23
4046002374	HWD Morg Stan		\$156. <u>34</u>	\$156.34
Total			\$9,453.72	\$9,453.72

CITY OF HOLLYWOOD EMPLOYEES RETIREMENT FUND Disbursements Processed March 1, 2020 to Marrch 31, 2020

Jeffrey H Greene (FPPTA Winter School)	\$ (400.69)
Marcum LLP (February 2020)	\$ (6,710.00)
Rice Pugatch Robinson (January 2020)	\$ (8,166.00)
Rice Pugatch Robinson (February 2020)	\$ (8,003.00)
Segal Marco Advisors (January 2020)	\$ (10,833.33)
Segal Marco Advisors (January 2020)	\$ (4,166.67)
Segal Marco Advisors (February 2020)	\$ (4,166.67)
Segal Marco Advisors (February 2020)	\$ (10,833.33)
Veron Sibble (FPPTA Winter School)	\$ (283.31)
Wellington Trust (Oct-Dec 2019)	\$ (87,567.91)
-	
	\$ (141,130.91)



City of Hollywood Employees' Retirement Fund TRAVEL EXPENSE REPORT

Name :	Department:	Employee No.:
Jeffrey Greene	Pension	
Destination:	Departed (Time/Date):	Returned (Time/Date):
FPPTA Winter Trustees School Orlando FL	1/26/2020	4:00PM-1/29/2020

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Item	Date	1/26/20	1/27/20	1/28/20	1/29/20				Total
Lodging		\$221.19	\$221.19	\$221.19					\$663.57
Breakfast			\$0.00	****					\$0.00
Lunch		\$19.55							\$19.55
Dinner or									\$0.00
Incidentals		\$5.00	\$5.00	\$5.00	\$5.00				\$20.00
Per Diem Allowa	ince								\$0.00
Transportation		\$126.50			\$126.50				\$253.00
Registration Fee		\$720.00							\$720.00
Taxi/Bus Fares									\$0.00
Vehicle Tolls		\$13.44		\$13.70					\$27.14
Parking Fees		\$27.00	\$27.00	\$27.00	i				\$81.00
-									\$0.00
Total		\$1,132.68	\$253.19	\$266.89	\$131.50	\$0.00	\$0.00	\$0.00	\$1,784.26

Total Expense \$ 1,784.26 Due Pension Office or \$ - Voucher No. Due Requester \$ 400.69 Remarks: Travelet (Sign.) Elapsed Time and Amount Certified Correct: Date Approved (Dept. Head)	1,383.57 Bud	Total Advanced \$
Due Requester \$ 400.69 Remarks: Travelet (Sign.) Elapsed Time, and Amount Certified Correct:	1,784.26	Total Expense \$
Remarks: Travelet (Sign.) Elapsed Time and Amount Certified Correct:	- Vou	Due Pension Office or \$
Remarks: Travelet (Sign.) Elapsed Time, and Amount Certified Correct:	400.69	Due Requester \$
The fall is a second of the se	. ·	Nemarks.
Approved (Dept. Head)	Flancest	
(PM 17 11/11 / 1/2)		Traveleti (Sign.)
		Travelery (Sign.)
		Travelet (Sep.)

Instructions:

- 1. Fill out the section above that is applicable to your travel, i.e., Per Diem Allowance or Actual Expenses.
- 2. Other Allowable expense items are listed. If any such expenses were incurred list same under proper day.
- 3. This form is to be supported by a paid receipts for Hotel Room (when on Actual Expenses), Registration Fee, Toll Fees, Gasoline Tickets, and any or all other slips that are obtainable.
- 4. Within thirty days (30) of return, accounting must be made on this form, properly signed, and submitted to the Pension Office. Excess advanced funds will be returned to the Pension Office. Amounts due the payee will be processed by Pension Office.
- 5. For trips longer than seven (7) days, continue on additional forms.



Hyatt Regency Orlando 9801 International Drive Orlando, FL 32819 Tel: 407-284-1234 Fax: 407-351-9177 orlando.regency.hyatt.com

INVOICE

JEFFREY GREENE

HOLLYWOOD FL 33021

Room No.

21510

Arrival

01-26-20

Departure

01-29-20

Folio Window

Confirmation No.

5063175101

Group Name

2020 FPPTA 25106220

Folio No.

01-26-20	Deposit Transferred at C/I	Room/check # 31402383 \$3317.85		663.57
01-26-20	Group Room		219.00	
01-26-20	OCCCD Surcharge		2.19	
01-26-20	Valet Parking Overnight		27.00	
01-27-20	Group Room		219.00	
01-27-20	OCCCD Surcharge		2.19	
01-27-20	Valet Parking Overnight		27.00	
01-28-20	Group Room		219,00	•
01-28-20	OCCCD Surcharge		2.19	
01-28-20	Valet Parking Overnight	•	27.00	
01-29-20	American Express	XXXXXXXXXXXX7004 XX/XX		81.00
-		Tota!	. 744.57	744.57
Guest Signatu	re	Balance	0.00	

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay for any part or the full amount of these charges.

World of Hyatt Summary

Membership:

XXXXXX474S

Bonus Codes:

Qualifying Nights:

Eligible Spend:

657.00

Redemption Eligible: 203.60

Summary Invoice, please see front desk for eligibility details.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

We hope you had an exceptional stay at the Hyatt Regency Orlando and look forward to hearing your feedback.

For inquiries concerning your bill please call 855-869-0846

Please remit payment to:

PO Box 848148

Dallas, TX 75284-8083



Attention customers who replenish by cash/check/money order:

 By mail: Include this portion with your check or money order and make payable to FDOT. Do not mail Cash.

 in person with Cash, Check, or Money Order: Use this portion to reference your account number at any walk-in center or authorized merchant location.

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006189 JEFF GREENE

HOLLYWOOD, FL 33021-2822



Statement Date: 02/09/2020

Account Number:

Posting Date: 01/09/20 - 02/08/20 Replenishment Method: AMEX Replenishment Amount: \$25.00

Remit by mail to:

FDOT

P.O. Box 71237

Charlotte, NC 28272-1237

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Detail of Account Activity (This is not a bill)

MPORTANT SUNPASS NOTIFICATIONS	\neg	PREPAID TOLL BALANCE	
Your Statement has a new look.		Beginning Balance	\$21.74
Please visit SunPass.com FAQs for additional information.	- 1	Tolls, Non-Tolls and Fees	(\$38.55)
		Payments and Credits	\$50.00
		Ending Relance	\$33.19

DATE VARE TIME LICENSE PLATE AGRONY DESCRIPTION LANE COUNT TYPE AMOUNT BALANCE \$2.174	POSTING	TRAN	SACTION	TRANSPONDER				AXLE	TRANSACTION		·
01/18/20 01/18/20 05/13/38 PM 007144490110 FDOT SR81 WISSUNRISE NBOFF MPS8 518 2 ETOL (\$0.54) \$21.20 01/18/20 01/18/20 05/13/38 PM 007144490110 FDOT SR81 GRIFFIN RD SB 0FF MPS3 60S 2 ETOL (\$0.26) \$20.94 01/18/20 01/19/20 06/53/34 PM 007144490110 FDOT SR81 GRIFFIN RD SB 0FF MPS3 60S 2 ETOL (\$0.26) \$20.94 01/19/20 01/19/20 06/53/34 PM 007144490110 FDOT SR81 GRIFFIN RD NB 0N MPS8 60S 2 ETOL (\$0.54) \$20.40 01/19/20 01/19/20 06/53/34 PM 007144490110 FDOT SR81 GRIFFIN RD NB 0N MPS8 50S 2 ETOL (\$0.26) \$16.07 01/19/20 01/19/20 06/53/28 PM 007144490110 FDOT SR81 GRIFFIN RD NB 0N MPS8 50S 2 ETOL (\$0.26) \$16.07 01/19/20 01/19/20 09/53/39 PM 007144490110 FDOT SR81 GRIFFIN RD NB 0N MPS8 50S 2 ETOL (\$0.26) \$18.01 01/19/20 01/19/20 09/53/39 PM 007144490110 FDOT SR81 GDCA RATON MP75 04D 2 ETOL (\$0.26) \$18.01 01/19/20 01/19/20 09/53/39 PM 007144490110 FDOT SR81 FDOT SR81 GDCA RATON MP75 04D 2 ETOL (\$0.26) \$18.01 01/19/20 01/19/20 09/53/39 PM 007144490110 FDOT SR81 FDOT SR81 GRIFFIN RD NB 0N MPS8 50S 2 ETOL (\$0.26) \$18.01 01/19/20 01/19/20 09/53/23 PM 007144490110 FDOT SR81 GRIFFIN RD SB 0FF MPS8 60S 2 ETOL (\$0.26) \$17.22 01/12/20 01/12/20 12/23/13 PM 072722280110 FDOT SR81 GRIFFIN RD SB 0FF MPS8 60S 2 ETOL (\$0.26) \$17.24 01/12/20 01/12/20 12/23/13 PM 072722280110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.60 01/12/20 01/12/20 01/12/20 04/53/14 PM 072722280110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.60 01/12/20 01/12/20 04/53/14 PM 072722280110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.60 01/12/20 01/12/20 04/53/14 PM 072722280110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.60 01/12/20 01/12/20 04/53/14 PM 072722280110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.60 01/12/20 01/12/20 01/12/20 01/14/490110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.36 01/12/20 01/12/20 01/12/20 01/14/490110 FDOT SR81 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$15.36 01/12/20 01/12/20 01/12/20 01/14/490110 FDOT SR81 GRIFFIN RD NB ON MP58 50	DATE	DATE	TIME	LICENSE PLATE	AGENCY	DESCRIPTION	LANE	COUNT	TYPE	AMOUNT	BALANCE
01/18/20 01/18/20 09:07:23 PM 007144490110 FDOT SR81 GRIFFIN RD SB OFF MP63 608 2 ETOL (\$0.26) \$20.94 01/18/20 01/18/20 09:07:23 PM 007144490110 FDOT SR81 EBSUNRISE SBON MP68 608 2 ETOL (\$0.64) \$20.40 01/18/20 01/19/20 06:53:41 PM 007144490110 FDOT SR81 EBSUNRISE SBON MP68 608 2 ETOL (\$1.07) \$19.33 01/19/20 01/19/20 06:53:41 PM 007144490110 FDOT SR81 FOMPANO BCH MAIN NB MP65 508 2 ETOL (\$0.26) \$19.07 01/19/20 01/19/20 07:03:30 PM 007144490110 FDOT SR81 GRIFFIN RD NB 0N MP53 508 2 ETOL (\$0.28) \$18.61 01/19/20 01/19/20 07:03:30 PM 007144490110 FDOT SR81 BOCA RATON MP75 04D 2 ETOL (\$0.28) \$18.61 01/19/20 01/19/20 09:16:54 PM 007144490110 FDOT SR81 BOCA RATON MP75 04D 2 ETOL (\$0.28) \$18.65 01/19/20 01/19/20 09:27:39 PM 007144490110 FDOT SR81 BOCA RATON MP75 06B 2 ETOL (\$0.28) \$18.65 01/19/20 01/19/20 09:27:39 PM 007144490110 FDOT SR81 FOMPANO BCH MAIN SB MP65 60B 2 ETOL (\$0.28) \$18.65 01/19/20 01/19/20 09:27:39 PM 007144490110 FDOT SR81 GRIFFIN RD SB OFF MP53 60B 2 ETOL (\$0.28) \$17.22 01/19/210 01/19/22 02:28:213 PM 072722280110 FDOT SR81 GRIFFIN RD NB ON MP53 50B 2 ETOL (\$0.28) \$16.96 01/12/220 01/12/20 01/12/			,				<u> </u>				
01/18/20 07/18/20 09/	01/18/20			- MIN - 101							
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01/19/20 01/19/20 01/19/20 01/19/20 01/19/20 01/19/20 01/19/20 09:16:54 PM 007/144490110 FDOT SR81 BOCA RATON MP75 04D 2 ETOL (\$0.28) \$18.65 01/19/20 01/19/20 09:16:54 PM 007/144490110 FDOT SR91 BOCA RATON MP75 06D 2 ETOL (\$0.28) \$18.55 01/19/20 01/19/20 09:36:22 PM 007/144490110 FDOT SR91 GRIFFIN RD SB OFF MP53 60S 2 ETOL (\$0.28) \$17.22 01/22/20	01/19/20	01/19/20	06:53:41 PM								
01/19/20 01/19/20 09:16:54 PM 007144490110 FDOT SR91 BOCA RATON MP75 06D 2 ETOL (\$0.26) \$18.65 01/19/20 01/19/20 09:27:39 PM 007144490110 FDOT SR91 POMPANO BCH MAIN SB MP65 60S 2 ETOL (\$1.07) \$17.48 01/29/20 01/29/20 09:36:22 PM 007144490110 FDOT SR91 GRIFFIN RD SB OFF MP53 60S 2 ETOL (\$0.26) \$17.22 01/22/20 01/22/20 01/22/20 12:18:33 PM 072722280110 FDOT SR91 GOMMERCIAL NBOFF MP62 50S 2 ETOL (\$0.26) \$16.66 01/22/20 01/22/20 01/22/20 01/22/20 04:59:46 PM 072722280110 FDOT SR91 COMMERCIAL NBOFF MP62 50S 2 ETOL (\$0.28) \$15.36 01/22/20 01/22/20 01/26/20 04:59:46 PM 072722280110 FDOT SR91 COMMERCIAL NBOFF MP53 60S 2 ETOL (\$0.28) \$15.36 01/22/20 01/26/20 02:00:00 PM <t< td=""><td>01/19/20</td><td>01/19/20</td><td>06:45;28 PM</td><td>007144490110</td><td>FDOT</td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<>	01/19/20	01/19/20	06:45;28 PM	007144490110	FDOT			-			
01/19/20 01/19/20 09:27:38 PM 007144490110 FDOT SR91 POMPANO BCH MAIN SB MP65 60S 2 ETOL (\$1.07) \$17.48 01/19/20 01/19/20 09:38:22 PM 007144490110 FDOT SR91 GRIFFIN RD SB OFF MP53 60S 2 ETOL (\$0.26) \$17.22 01/22/20 01/22/20 12:18:33 PM 072722280110 FDOT SR91 GRIFFIN RD NB ON MP58 50S 2 ETOL (\$0.26) \$16.96 01/22/20 01/20/20/20 01/20/20 01/20/20 01/20/20 01/20/20 01/20/20 01	01/19/20	01/19/20	07:03:30 PM	007144490110	FDOT	SR91 BOCA RATON MP75					
01/19/20 01/19/20 02/34/20 12:18:33 PM 07/144490110 FDOT SR31 GRIFFIN RD SB OFF MP53 60S 2 ETOL (\$0.26) \$16.96	01/19/20	01/19/20	09:16:54 PM	007144490110	FDOT	SR91 BOCA RATON MP75.	06D				-
01/22/20 01/22/20	01/19/20	01/19/20	09:27:39 PM	007144490110	FDOT	SR91 POMPANO BCH MAIN SB MP65	608	2	ETOL	(\$1.07)	\$17.48
01/22/20 01/22/20 04:52:04 PM 072722280110 FDOT SR91 COMMERCIAL NBOFF MP62 50S 2 ETOL (\$0.80) \$15.16	01/19/20	01/19/20	09:36:22 PM	007144490110	FDOT	SR91 GRIFFIN RD SB OFF MP53	608	. 2			
01/22/20 01/22/20 04/32/20 02/32/30 07/44490110 FDOT SR91 POMPANO BCH MAIN NB MP65 50S 2 ETOL (\$0.07) \$14.03 01/26/20 01/26/20 02/39/30 PM 007/144490110 FDOT SR91 LANTANA MAINLINE MP88 05Z 2 ETKT \$0.00 \$14.03 01/26/20 01/26/20 04/23/30 PM 007/144490110 FDOT SR91 THREE LAKES MAIN MP236 06Z 2 XTKT (\$12.37) \$1.66 01/26/20 01/29/20 01/29/20 01/29/20 01/29/20 02/20/20 02/20/31 PM 007/144490110 FDOT SR91 GRIFFIN RD SD OFF MP53 60S 2 ETKT \$0.00 \$2.640 01/29/20 01/29/20 01/29/20 01/29/20 01/29/20	01/22/20	01/22/20	12:18:33 PM	072722280110	FDOT	SR91 GRIFFIN RD NB ON MP53	508	2	ETOL	(\$0.26)	\$16,96
O1/22/20 O1/22/20 O4:32:04 PM O1/22/220 O4:32:04 PM O1/22/220 O1/22/20 O4:32:04 PM O1/22/220 O1/22/20 O4:39:04 PM O1/22/220 O1/22/20 O1/22/20 O1/26/20 O1/2	01/22/20	01/22/20	12:32:13 PM	072722280110 -	FDOT	SR91 COMMERCIAL NBOFF MP62	508	2	ETOL		
01/28/20 01/26/20 02:00:04 PM 007144490110 FDOT SR91 POMPANO BCH MAIN NB MP65 50S 2 ETOL (\$1.07) \$14.03 01/26/20 01/26/20 02:19:33 PM 007144490110 FDOT SR91 LANTANA MAINLINE MP88 05Z 2 ETKT \$0.00 \$14.03 01/26/20 01/26/20 04:23:10 PM 007144490110 FDOT SR91 THREE LAKES MAIN MP236 06Z 2 XTKT (\$12.37) \$1.66 01/26/20 01/26/20 05:05:48 PM AMEX REPLENISHMENT \$25.00 \$26.66 01/29/20 01/29/20 01/29/20 01/29/20 01/129/20 01/129/20 11:15:48 AM 007144490110 FDOT SR91 THREE LAKES MAIN MP236 04S 2 ETKT \$0.00 \$26.40 01/29/20 </td <td>01/22/20</td> <td>01/22/20</td> <td>04:52:04 PM</td> <td>072722280110</td> <td>FDOT</td> <td>SR91 COMMERCIALEB SBON MP62</td> <td>10D</td> <td>2</td> <td>ETOL</td> <td>(\$0.80)</td> <td>\$15,36</td>	01/22/20	01/22/20	04:52:04 PM	072722280110	FDOT	SR91 COMMERCIALEB SBON MP62	10D	2	ETOL	(\$0.80)	\$15,36
O1/26/20 O1/26/20 O2:00:04 PM O07144490110 FDOT SR91 POMPANO BCH MAIN NB MP65 SOS Z ETKT \$0.00 \$14.03	01/22/20	01/22/20	04:59:46 PM	072722280110	FDOT	SR91 GRIFFIN RD SB OFF MP53	608	2	ETOL	(\$0.26)	
01/26/20 01/26/20 04:23:10 PM 007144490110 FDOT SR91 THREE LAKES MAIN MP236 06Z 2 XTKT (\$12.37) \$1.66 01/26/20 01/26/20 05:05:48 PM AMEX REPLENISHMENT \$25.00 \$26.66 01/29/20 01/29/20 02:00:31 PM 007144490110 FDOT SR91 GRIFFIN RD SB OFF MP53 60S 2 ETOL \$0.00 \$26.40 01/29/20 01/29/20 01/29/20 01:31:49 AM 007144490110 FDOT SR91 THREE LAKES MAIN MP236 04S 2 ETKT \$0.00 \$26.40 01/29/20 01/29/20 01:32:29 PM 007144490110 FDOT SR91 LANTANA MAINLINE MP68 08S 2 XTKT \$14.03 01/29/20	01/26/20	. 01/26/20	02:00:04 PM	007144490110	FDOT	SR91 POMPANO BCH MAIN NB MP65	508	2	ETOL	(\$1.07)	\$14.03
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				072722280110	FDOT	SR91 GRIFFIN RD SB OFF MP53	608	. 2	ETOL	(\$0.26)	\$34.25
					FDOT	SR91 COMMERCIALEB SBON MP62	10D	2	ETOL :	(\$0.80)	\$33.45

YOUR TRIP TO:

9801 International Dr

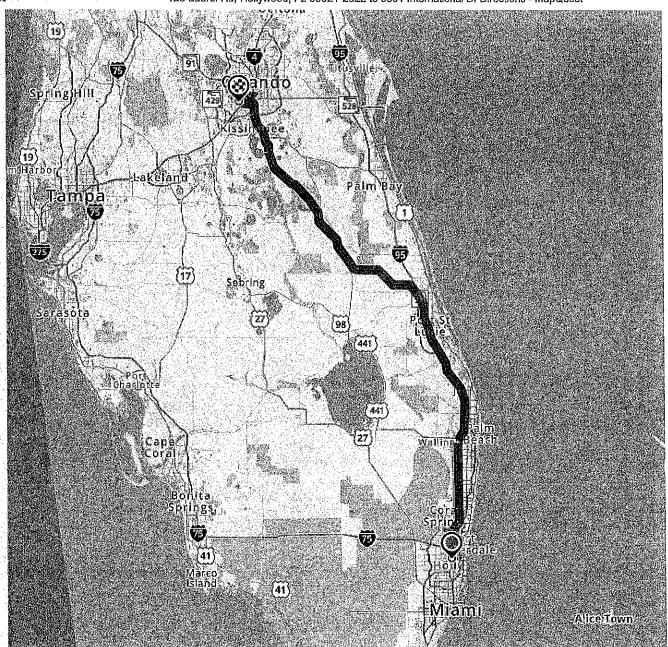
3 HR 7 MIN | 210 MI

Est. fuel cost: \$13.40



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

· •	e wa	Carrier Land Const.	1000
1. Start out going northeast on Kensington Rd to	ward Greens Rd.		
Then 0.17 miles	•		0 17 total miles
Inen U.I/ IIIIes	star jir di en \$1 ay en st⊕ra de autj⊬ styn gerwe,ar stjou ne ag be an jib stari ape fir de stajjou jt mijer 11 jb st	200 40 49, \$7, 40 had to abo abo of tay to 40 had 91 aby 200	0.17 total miles
2. Turn left onto Greens Rd (Gate access require	ed).		
Then 0.10 miles	•		
Their of to thines	-		0.27 total filles
3. Take the 1st right onto N 56th Ave.			and the second
N 56th Ave is just past Laurel Rd.			
If you are an Eroodom Stand reach N 59th Ave you	dus cons shout 0.2 miles too for	100	
If you are on Freedom St and reach N 58th Ave you	ve gone about 0.2 miles too far.	4.1	
Then 0.71 miles	and the start we all he makeds we and the root and for man for the advance Advanced for the male are start and the Adv Start the start are the	al Dec dis Swill not die Self die bel nas nat der die 198 die die 201 de	0.98 total miles
			24
4. Turn left onto Stirling Rd/FL-848.		$v_{i} \circ v_{j} \circ$	· •
If you are on SW 40th Ave and reach SW 58th St yo far.	- · · · · · · · · · · · · · · · · · · ·	÷	•
	na na katanga at diga diga diga diga diga diga diga diga		
Then 0.50 miles	жая в ч. э. н н ж ч жан н ы ч. х а ч жан жак ак ак на н жан н в то п и и д то ч та и	K at MI die sel ha sel sel sel he about som som par him sel he sel sel	1.48 total miles
5. Turn right onto S State Road 7/US-441 N/FL-7	7.		
S State Road 7 is just past SW 45th Ln.			
If you are on Stirling Rd and reach Seminole Way y	ou've gone a little too far.		
	•		
Then 1.13 miles	ાની કરતા જાતા માટે પણ પર પ્રેક્ટ્સ સાહિક સ્તર સાહિક સ્તર સાહિક સ્તર સાહિક સાહિક સાહિક સાહિક સાહિક સાહિક સાહિક સ	40 as 44 as see 44 bit of all see all by his 44 in the as as to	2.62 total miles
6. Turn left onto Griffin Rd/FL-818.	en en en en en en en en en en en en en e		
If you reach SW 46th Ct you've gone about 0.1 mile			
, , , , , , , , , , , , , , , , , , , ,			
Then 0.52 miles	. In the section we have the section to the term of the lands are the term of the section and the term of the section and the s	LE AND THE TAY HAS THE AND THE AND THE THE THE THE THE AND	3.14 total miles
7. Turn right toward Orlando.			
Then 0.04 miles	e ny ana ao amin'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny avon'ny	on the second on the second or the second of the second or	3.17 total miles
Morgo onto El O4 N (Portione tell)			
8. Merge onto FL-91 N (Portions toll).			
Then 35.07 miles	والمراب المراب المراب المراب المراب المراب المراب المراب المراب المراب المراب المراب المراب المراب المراب المراب	to, an increase we see an extraord or the All of all law or	38.24 total miles
9. Take Florida's Turnpike (Portions toll).	•		
			104 44 4-4-1
Then 152.87 miles	ко, ким и ми ми по ф (с орго оп м м у жиб в м д ту м с м т м м ти д т и и и	er na ver en en en en ek ek ek en kerd kerekt er Heldit I	iai. ii totai miles
10. Stay straight to go onto FL-91 N (Portions to	oll).		
Then 12.63 miles	•	14%-H3M-44.0500-444	203 74 total miles
THOM TELOG MINGS			FANT L MICH HINGS





Invoice Date: 2/29/2020

Invoice #: 101380776

Payment Terms: Due Upon Receipt

Engagement #: 10327471

Client #: 172711

Send Payment To: Marcum LLP

One SE Third Ave, Suite 1100

Miami, FL 33131

Please refer to invoice number with your payment

Wire & ACH only: TD Bank

855 Franklin Ave Garden City, NY 11530

ABA #: 026013673

Account #:7915750397

Please reference invoice number

Please return top portion with remittance.

2600 Hollywood Boulevard

Amount enclosed \$

For Professional Services Rendered:

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Billing for the audit of The City's Pension Fund financial statements for the fiscal year ended September 30, 2019

6,710.00

Name Hours
----M. Futterman 0.30
H. Garzon 29.50
J. Russo 22.85

City of Hollywood

Hollywood, FL 33020

New Charges

6,710.00

My 20 3/26/2000

RICE PUGATCH ROBINSON STORFER & COHEN PLLC 101 NE THIRD AVENUE SUITE 1800

FT. LAUDERDALE, FL 33301 (954) 462-8000 FAX (954) 462-4300 Fed ID#81-0710147

City of Hollywood Employees' Retirement Fund City of Hall Annex, Room 20 2600 Hollywood Blvd., Rm 221 Hollywood FL 33020

02/14/2020 ACCOUNT NO: 6129-001M STATEMENT NO: 55

ATTN: Christine Bailey

Legal Counsel

Invoices after 9/30/18, send to VASIBBLE@hollywoodfl.org and CBAILEY@hollywoodfl.org

DO NOT BILL FOR COPIES OR RESEARCH

PREVIOUS BALANCE

\$5,005.00

Page: 1

			•		
01/07/2020	RC	Phone conference with Chris Cassidy re: DROP	Rate 275,00	HOURS 0.20	55.00
01/08/2020	RC	Phone conference with Christine; attention to Loomis Sayles	275.00	2.00	550.00
01/09/2020	RC	Emails and phone conference with Bernstein Litowitz; re: signed contracts; emails with Wolf Popper re: same; attention to Loomis Sayles contract documents	275.00	2.20	605.00
01/10/2020	RC BC	Revise Benson letter; attention to Loomis Sayles side letter. Emails with BLB&G and Bailey re: Steering Letter Review BLB&G Steering Letter Review BLB&G Monitoring Agreement re: Steering Letter instructions	275.00 275.00	2.00	550.00 247.50
01/13/2020	RC	Phone conference with Christine re: agenda	275.00	0.10	27.50
01/14/2020	ВС	Email from BLB&G re: Steering Letter status	275.00	0.10	27.50
01/15/2020	RC	Email from Marisa re: monetary award to Plan; email re: insurance	275.00	0.10	27.50
01/17/2020	RC	Prepare for meeting	275.00	0.20	55.00
01/20/2020	RC	Prepare for meeting	275.00	1.00	275.00
01/21/2020	RC	Attend meeting	275.00	2.70	742.50
01/23/2020	RC	Attention to 13th Check issues	275.00	0.40	110.00

Page: 2 02/14/2020

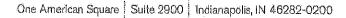
ACCOUNT NO: 6 STATEMENT NO:

Legal Counsel

			Rate	HOURS	
01/27/2020	RC	Phone conference with Christine re: 13th Check	275.00	0.20	55.00
01/28/2020	RC	Suggested revisions to 13th Check letter	275.00	0.20	55.00
01/31/2020	RC	Phone conference with Joel Cantor re: being heard at meeting FOR CURRENT SERVICES RENDERED	275.00	0.10	27.50 3,410.00
12/23/2019		Ice Miller consultation on Group Trusts - Inv. No. 01-2021582 TOTAL EXPENSES TOTAL CURRENT WORK			4,756.00 4,756.00 8,166.00
02/03/2020	•	Payment - Thank you. Wells Fargo IRT - Florida Ck# 31415735			-5,005.00

BALANCE DUE

\$8.166.00





Invoice No. 01-2021582 December 23, 2019

c/o Mr. Ronald J. Cohen Rice Pugatch Robinson Storfer & Cohen, PLLC 101 N.E. 3rd Avenue, Suite 1800 Fort Lauderdale, FL 33301

Re:

Hollywood Group Trust

Our Matter No. 064284,00003

INVOICE SUMMARY

For Services rendered through December 15, 2019

Professional Services

Total Current Invoice

/1---

\$4,756.00

\$4,756.00

Mo So los to

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PROFESSIONAL SERVICES

Date	Initials	Title	Description	Hours	Rate	Amount
09/11/2019	HARR L	Counsel .	Conference call with Cohen regarding group trust investment question.	0.20	580.00	\$116.00
09/17/2019	HARR L	Counsel	Worked on review of documents for group trust investment.	0.40	580.00	\$232.00
09/20/2019	HARR L	Counsel	Worked on review of documents and analysis regarding group trust investment issues.	1.60	580.00	\$928.00
09/22/2019	HARR L	Counsel	Worked on analysis of group trust issue.	0.30	580.00	\$174.00
09/23/2019	HARR L	Counsel	Prepared for and conference call with Cohen regarding investment in group trusts.	0.30	580.00	\$174.00
09/24/2019	HARR L	Counsel	Reviewed email from Cohen regarding proposed group trust language; considered proposed language; additional review of current plan language and investment policy to determine necessary action.	1.30	580.00	\$754.00
09/24/2019	GAUS R	Partner	Evaluated group trust issues, reviewed proposed adoption agreement.	0,20	580.00	\$116.00
09/25/2019	HARR L	Counsel	Reviewed additional email from Loomis regarding group trust; prepared for and conference call with Cohen regarding group trust issues.	0.40	580.00	\$232.00
11/01/2019	HARR L	Counsel	Prepared for and conference call with Cohen regarding group trust.	0.70	580.00	\$406.00
11/01/2019	GAUS R	Partner	Telephone conference with Cohen regarding group trust issues for purposes of City of Hollywood; prepared for call.	0.70	580.00	\$406.00

11/03/2019	GAUS R	Partner	Worked on proposed plan amendments regarding group trust investments.	0.30	580.00	\$174.00
11/04/2019	HARR L	Counsel	Worked on draft language regarding group trust and emailed same to Cohen.	0.40	580.00	\$232.00
11/06/2019	HARR L	Counsel	Reviewed and responded to follow-up email from Cohen regarding group trust language.	0.20	580.00	\$116.00
11/06/2019	GAUS R	Partner	Evaluated questions regarding group trust issues, coordinated response to same.	0.20	580.00	\$116.00
11/14/2019	HARR L	Counsel	Reviewed email and additional information regarding group trust language from Cohen and worked on response regarding same.	0.60	580.00	\$348.00
11/14/2019	GAUS R	Partner	Evaluated final group trust issues with Harrison.	0.20	580.00	\$116.00
11/21/2019	GAUS R	Partner	Followed-up on group trust questions from Cohen.	0.20	580.00	\$116.00
Total Profes	ssional Service	S		8.20		\$4,756.00

Total Invoice Balance Due

\$4,756.00

OUTSTANDING INVOICES

Date	Invoice		Amount	Payments	Balance Due
			T	otal Balance Due	\$0.00
		AGE	D AR		
Current	31-60 days	61-90 days	91-120 days	120 days +	Total
\$4,756.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,756.00

Invoices are due upon receipt, past due after 30 days. Interest charges may accrue on past due balance.

Questions or concerns, please email payice@icemiller.com.



c/o Mr. Ronald J. Cohen Rice Pugatch Robinson Storfer & Cohen, PLLC 101 N.E. 3rd Avenue, Suite 1800 Fort Lauderdale, FL 33301

Invoice No. 01-2021582 December 23, 2019

Re:

Hollywood Group Trust

Our Matter No. 064284,00003

INVOICE SUMMARY

For Services rendered through December 15, 2019

Professional Services

Total Current Invoice

\$4,756.00

\$4,756.00

Payment Options

Online Payments: ClientPay ClientPar

Wire/ACH Instructions:

Huntington Bank

ABA for ACH

074000078 ABA for Wire 044000024

Account No.

01401048453

Swift Code:

HUNTUS33

Please Reference Invoice No. 01-2021582

Payment by check

Remit to: Ice Miller LLP

P.O. Box 68

Indianapolis, IN 46206-0068

Please include remittance or reference Invoice No. 01-2021582

Questions or concerns, please email payice@icemiller.com

Payment Terms: Net 30 Tax ID: 35-0874357

Ice Miller LLP

icemiller.com

RICE PUGATCH ROBINSON STORFER & COHEN PLLC 101 NE THIRD AVENUE SUITE 1800

FT. LAUDERDALE, FL 33301 (954) 462-8000 FAX (954) 462-4300 Fed ID#81-0710147

City of Hollywood Employees' Retirement Fund City of Hall Annex, Room 20 2600 Hollywood Bivd., Rm 221 Hollywood FL 33020 03/18/2020 ACCOUNT NO: 6129-001M STATEMENT NO: 58

Page: 1

ATTN: Christine Bailey

Legal Counsel

Invoices after 9/30/18, send to VASIBBLE@hollywoodfl.org and CBAILEY@hollywoodfl.org

DO NOT BILL FOR COPIES OR RESEARCH

		PREVIOUS BALANCE			\$8,166.00
02/01/2020	RC	Attention to development of recovery of overpayments policy	Rate 275.00	HOURS 0.30	82.50
02/04/2020	RC	Attention to Wells Fargo assignment documents	275.00	0.20	55.00
02/05/2020	RC	Review insurance policy; review agenda material on insurance policy; emails with Segal Select and phone conference with Diane McNally; phone conference with Christine; attention to overpayment policy	275.00	2.00	550.00
02/06/2020	RC	Additional attention to insurance issues	275.00	0.60	165.00
02/07/2020	RC	Phone conferences with Diane McNally; emails; attention to overpayment policy; meeting with Christine	275.00	2.90	797.50
02/10/2020	RC	Phone conference with Christine; review Joel Cantor email; email from Bernstein Litowitz; email to Christine re: Bernstein Litowitz phone conference with Christine; review emails re: member issues; emails with Christine re: member issues	. ¹ 275.00	1.00	275.00
02/11/2020	RC	Email from Christine re: refund calculation for member	275.00	0.10	27.50
02/14/2020	RC	Attention to Joel Cantor and 415 issue; review material and draft letter; phone conference with Christine and Phyllis re: overpayment policy and Cantor; revise overpayment policy, attention to Lalla overpayment issue; phone conferences and emails with Matt re: workplace violence policy	275.00	4.70	1,292.50

Page: 2 03/18/2020

ACCOUNT NO:

6129-001M 58

STATEMENT NO:

Legal Counsel

	•		`Rate	HOURS	
02/17/2020	RC	Prepare auditors response letter; work on member issue, research re: return on contributions; email re: insurance; email to actuary re: 415 issue	275.00	2.50	687.50
02/18/2020	BC RC	Review and revise Auditor Legal Response Letter Revisions to Investment and Audit Charter; revisions to	275.00	0.20	55.00
	RC	overpayment policy; emails and phone conferences with Christine Email from Trish re: Joel Cantor benefit calculation	275.00 275.00	2.40 0.10	660.00 27.50
02/19/2020	RC	Attention to Lalla, including review of documents, research, phone conference with Christine and extensive revisions to letter; review agenda packet	275.00	4.00	1,100.00
02/20/2020	RC	Attention to overpayment including phone conference with Christine; review plan documents; emails with GRS; prepare for			
	ВС	meeting; finalize audit response letter Review and revise letter to Lalla	275.00 275.00	2.20 0.20	605.00 55.00
02/21/2020	RC	Emails and phone conference with Christine; revise overpayment letter	275.00	0.60	165.00
02/22/2020	RC	Review email from Christine	275.00	0.10	27.50
02/25/2020	RC	Prepare for and attend meeting; follow up; send Lalla letter FOR CURRENT SERVICES RENDERED	275.00	<u>5.00</u> 29.10	1,375.00 8,002.50
02/26/2020	·	Postage. TOTAL EXPENSES			0.50 0.50
		TOTAL CURRENT WORK			8,003.00
03/10/2020		Payment - Thank you. Wells Fargo IRT - Florida Ck# 31445017 - Staten	nent #55		-8,166.00

BALANCE DUE

PLEASE INCLUDE THE ACCOUNT NUMBER ON YOUR CHECK STUB. THANK YOU.

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900 Fax: (212) 208-4564

March 18, 2020

Invoice #:

380761

Reference #:

City of Hollywood 2450 Hollywood Blvd. Suite 200 Hollywood, FL 33020-6620

For investment consulting services rendered:

New annual fee of \$130,000.00 effective January 1, 2016

In the period January 1, 2020 through January 31, 2020.....

10,833.33

\$10,833.33 🥝

Total Invoice:

3/20/2020

INVESTMENT SOLUTIONS 333 West 34th Street` New York, NY 10001-2402

Phone: (212) 251-5900 Fax: (212) 208-4564

March 18, 2020

Invoice #:

380761

Reference #:

City of Hollywood 2450 Hollywood Blvd. Suite 200 Hollywood, FL 33020-6620

REMITTANCE ADVICE

Total Balance Due:

\$10,833.33

PLEASE PAY WITHIN 30 DAYS.

Remittance Information

By Check:	By Wire Transfers
P.O. Box 4142 Church Street Station New York, NY 10261-4142	JP MORGAN/CHASE BANK Acct Name: SEGAL ADVISORS, INC Acct Type: Acct #: 1440-74156 ABA #: 021000021
Please return a copy of this Remittance Advice with your check to assist us in crediting your account.	Please reference client name and invoice.

EIN#:

13-2646110

CITY OF HOLLYWOOD, FLORIDA **EMPLOYEES' RETIREMENT FUND INVOICE No: 380761**

Work Order No:

Project Name:

Investment Consultant

Account No.

6003

Consultant:

Segal Marco Advisors

Contract Date:

January 1, 2016

Original Contract Amount:

130,000.00

Amendments:

0.00

Total Contract Amount:

130,000.00

DESCRIPTION OF SERVICES

AMOUNT INVOICED

Investment Consultant services rendered in

January 2020

Period Ending Total This Invoice Previous Invoices Total to Date

01/31/20 \$10,833.33 \$32,499.99 \$43,333.32

Percentage of Services Completed to Date:

CERTIFICATION:

The undersigned Consultant thereby certifies that all items and amounts on this application are correct and that services have been performed in full according to the terms and conditions of the contract.

Keith Reynolds, VP & Senior Consultant

Consultant Name & Title

Consulting Firm Name & Address

Segal Marco

333 West 34th Street

New York, New York 10001

Date:

March 18, 2020

APPROVAL OF PAYMENT

I certify that the Board of Trustees of the City of Hollywood Employees' Retirement Fund has verified this Application for Payment, that it is a true and correct Statement of work performed by the Consultant, and that the Certified Statement of this account and amount due the Consultant is correct.

Chairperson, Board of Trustees

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900 Fax: (212) 208-4564

March 18, 2020

Invoice #:

380764

Reference #:

City of Hollywood Employees Retirement Fund PO Box 229045 Hollywood, FL 33022-9045

For administrative services rendered:

In the period January 1, 2020 through January 31, 2020.....

4,166.67

Total Invoice:

\$4.166,67

M-50 2020

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900 Fax: (212) 208-4564

March 18, 2020

Invoice #:

380764

City of Hollywood Employees Retirement Fund PO Box 229045 Hollywood, FL 33022-9045 Reference #:

REMITTANCE ADVICE

Total Balance Due:

\$4,166.67

PLEASE PAY WITHIN 30 DAYS.

Remittance Information

ByGreck	By Wire Transfer:
P.O. Box 4142 Church Street Station New York, NY 10261-4142	JP MORGAN/CHASE BANK Acct Name: SEGAL ADVISORS, INC Acct Type: Acct #: 1440-74156 ABA #: 021000021
Please return a copy of this Remittance Advice with your check to assist us in crediting your account.	Please reference client name and invoice.

EIN#:

13-2646110

CITY OF HOLLYWOOD, FLORIDA EMPLOYEES' RETIREMENT FUND INVOICE No: 380764

Work Order No:

Project Name:

Investment Consultant

Account No.

<u>6005</u>

Consultant:

Segal Marco Advisors

Contract Date:

January 1, 2016 - Amended for add'l services from 12/2017 through

May/2018 - Followed by month to month

Original Contract Amount:

\$<u>25,000.00</u>

Amendments:

0.00

Total Contract Amount:

\$ 25,000.00

DESCRIPTION OF SERVICES

AMOUNT INVOICED

Investment Administrative services rendered

in January 2020

Period Ending
Total This Invoice
Previous Invoices

1/31/2020 \$4,166.67 \$12,499.97

Total to Date

\$16,666.64

Percentage of Services Completed to Date:

CERTIFICATION:

The undersigned Consultant thereby certifies that all items and amounts on this application are correct and that services have been performed in full according to the terms and conditions of the contract.

Keith Reynolds, VP & Senior Consultant

Date:

March 18, 2020

Contraction of the Contraction

Consultant Name & Title

Consulting Firm Name & Address

Segal Marco

333 West 34th Street

New York, New York 10001

APPROVAL OF PAYMENT

I certify that the Board of Trustees of the City of Hollywood Employees' Retirement Fund has verified this Application for Payment, that it is a true and correct Statement of work performed by the Consultant, and that the Certified Statement of this account and amount due the Consultant is correct.

Date: MACCH 1

_, 20 20

3y: Dinashina Dinasha

Date:

20 20

Chairperson, Board of Trustees

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900 Fax: (212) 208-4564

March 18, 2020

Invoice #:

380765

Reference #:

City of Hollywood Employees Retirement Fund PO Box 229045 Hollywood, FL 33022-9045

For administrative services rendered:

In the period February 1, 2020 through February 29, 2020.....

4,166.67

Total Invoice:

\$4,166.67

My 500 B/26/2020

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900 Fax: (212) 208-4564

March 18, 2020

Invoice #:

380765

City of Hollywood Employees Retirement Fund PO Box 229045 Hollywood, FL 33022-9045 Reference #:

REMITTANCE ADVICE

Total Balance Due:

\$4,166.67

PLEASE PAY WITHIN 30 DAYS.

Remittance Information

By Check	By Wire Transfer:
P.O. Box 4142 Church Street Station New York, NY 10261-4142	JP MORGAN/CHASE BANK Acct Name: SEGAL ADVISORS, INC Acct Type: Acct #: 1440-74156 ABA #: 021000021
Please return a copy of this Remittance Advice with your check to assist us in crediting your account.	Please reference client name and invoice.

EIN#:

13-2646110

CITY OF HOLLYWOOD, FLORIDA EMPLOYEES' RETIREMENT FUND INVOICE No: 380765

Work Order No:

Project Name:

Investment Consultant

Account No.

6005

Consultant:

Segal Marco Advisors

Contract Date:

January 1, 2016 - Amended for add'l services from 12/2017 through

May/2018 - Followed by month to month

Original Contract Amount:

25,000.00

Amendments:

\$ 0.00

Total Contract Amount:

\$ 25,000.00

DESCRIPTION OF SERVICES

AMOUNT INVOICED

Investment Administrative services rendered in February 2020

Period Ending
Total This Invoice
Provious Invoices

2/29/2020 \$4,166.67

mirchidaly 2020

Previous Invoices
Total to Date

\$16,666.64 \$20,833.31

Percentage of Services Completed to Date:

CERTIFICATION:

The undersigned Consultant thereby certifies that all items and amounts on this application are correct and that services have been performed in full according to the terms and conditions of the contract.

Keith Reynolds, VP & Senior Consultant Consultant Name & Title

Date:

March 18, 2020

Consulting Firm Name & Address

Segal Marco

333 West 34th Street

New York, New York 10001

APPROVAL OF PAYMENT

I certify that the Board of Trustees of the City of Hollywood Employees' Retirement Fund has verified this Application for Payment, that it is a true and correct Statement of work performed by the Consultant, and that the Certified Statement of this account and amount due the Consultant is correct.

Date: Makey 18, 20 20

Executive Director

Date: Mask

HU

Chairperson, Board of Trustees

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900

Fax: (212) 208-4564

March 18, 2020

Invoice #:

380762

Reference #:

City of Hollywood 2450 Hollywood Blvd. Suite 200 Hollywood, FL 33020-6620

For investment consulting services rendered:

New annual fee of \$130,000.00 effective January 1, 2016

In the period February 1, 2020 through February 29, 2020.....

10,833.33

Total Invoice:

10,833.33

3/26/2020

INVESTMENT SOLUTIONS

333 West 34th Street New York, NY 10001-2402

Phone: (212) 251-5900

Fax: (212) 208-4564

City of Hollywood 2450 Hollywood Blvd. Suite 200 Hollywood, FL 33020-6620 March 18, 2020

Invoice #:

380762

Reference #:

REMITTANCE ADVICE

Total Balance Due:

\$10,833.33

PLEASE PAY WITHIN 30 DAYS.

Remittance Information

By Check!	By Wire Transfer:
P.O. Box 4142 Church Street Station New York, NY 10261-4142	JP MORGAN/CHASE BANK Acct Name: SEGAL ADVISORS, INC Acct Type: Acct #: 1440-74156 ABA #: 021000021
Please return a copy of this Remittance Advice with your check to assist us in crediting your account.	Please reference client name and invoice.

EIN#:

13-2646110

CITY OF HOLLYWOOD, FLORIDA **EMPLOYEES' RETIREMENT FUND** INVOICE No: 380762

Work Order No:

Project Name:

Investment Consultant

Account No.

6003

Consultant:

Segal Marco Advisors

Contract Date:

January 1, 2016

Original Contract Amount:

130,000.00

Amendments:

0.00

Total Contract Amount:

130,000.00

DESCRIPTION OF SERVICES

Investment Consultant services rendered in

February 2020

AMOUNT INVOICED

Period Ending Total This Invoice

Previous Invoices

02/29/20 \$10,833.33 \$43,333.32

Total to Date \$54,166.65

Percentage of Services Completed to Date:

CERTIFICATION:

The undersigned Consultant thereby certifies that all items and amounts on this application are correct and that services have been performed in full according to the terms and conditions of the contract.

Keith Reynolds, VP & Senior Consultant

Consultant Name & Title

Consulting Firm Name & Address

Segal Marco

333 West 34th Street

New York, New York 10001

Date: March 18, 2020

APPROVAL OF PAYMENT

I certify that the Board of Trustees of the City of Hollywood Employees' Retirement Fund has verified this Application for Payment, that it is a true and correct Statement of work performed by the Consultant, and that the Certified Statement of this account and amount due the Consultant is correct.

Date: MARCH 18, 2020

Chairperson, Board of Trustees

Rev. 5/19/2016



City of Hollywood Employees' Retirement Fund TRAVEL EXPENSE REPORT

Name:	Department:	Employee No.:
Veron Sibble	Pension	
Destination:	Departed (Time/Date):	Returned (Time/Date):
FPPTA Winter Trustees School Orlando FL	1/26/2020	4:00PM-1/29/2020

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
ltem	Date	1/26/20	1/27/20	1/28/20	1/29/20				Total
Lodging		\$221.19	\$221.19	\$221.19					\$663.57
Breakfast			-						\$0.00
Lunch		13 4			\$19.55				\$19.55
Dinner or		4		\$7.46	-				\$7.46
Incidentals	•	\$5.00	\$5.00	\$5.00	\$5.00				\$20.00
Per Diem Allow	ance	\$0.00							\$0.00
Transportation		\$198.30			\$31.01				\$229.31
Registration Fe	e	\$720.00							\$720.00
Taxi/Bus Fares									\$0.00
Vehicle Tolls	•	İ			\$6.99				\$6.99
Parking Fees			1						\$0.00
-									\$0.00
Total		\$1,144.49	\$226.19	\$233.65	\$62.55	\$0.00	\$0.00	\$0.00	\$1,666.88

Total Advanced	\$ 1,383.57	Budget Acc No. 6301-Travel
Total Expense	\$ 1,666.88	
Due Pension Office or	\$ 	Voucher No.
Due Requester	\$ 283.31	10 /
Remarks:		

Traveler: (Sign.)

Elapsed Time and Amount Certified Correct:

Date

Approved (Dept. Head)

Date

Instructions:

- 1. Fill out the section above that is applicable to your travel, i.e., Per Diem Allowance or Actual Expenses.
- 2. Other Allowable expense items are listed. If any such expenses were incurred list same under proper day.
- 3. This form is to be supported by a paid receipts for Hotel Room (when on Actual Expenses), Registration Fee, Toll Fees, Gasoline Tickets, and any or all other slips that are obtainable.
- 4. Within thirty days (30) of return, accounting must be made on this form, properly signed, and submitted to the Pension Office. Excess advanced funds will be returned to the Pension Office. Amounts due the payee will be processed by Pension Office.
- 5. For trips longer than seven (7) days, continue on additional forms.

\$0.00

ENTERPRISE LEASING COMPANY, 8600 PINES BLVD, PEMBROKE PINES, FL 330246534 (954) 442-3801

RENTAL AGREEMENT REF#

451704

8BZFFJ

RENTER

SIBBLE, VERON

DATE & TIME OUT

01/25/2020 09:41 AM DATE & TIME IN

01/31/2020 08:39 AM

BILLING CYCLE

24-HOUR

CAR CLASS CHARGED

ICAR

VEH #3 2020 NISN ALTI 4DSL

VIN# 1N4BL4EV8LC148563 LIC# EVNJ46

MILES DRIVEN 5 CAR CLASS: FCAR

VEH #2 2019 NISN ALTI 24DS VIN# 1N4BL4BV0KC251530

LIC# 1FEL43 MILES DRIVEN 500

MILES DRIVEN 500 CAR CLASS: FCAR

VEH #1 2019 NISN SENT 4DS

VIN# 3N1AB7AP6KY227160 LIC# EVXY49

MILES DRIVEN 9 CAR CLASS: ICAR

RATE SOURCE ACCOUNT

HILTON COBRAND PBK

SUMMARY OF CHARGES

Charge Description Quantity Per <u>Total</u> TIME & DISTANCE 01/25 - 01/31 WEEK \$193.50 \$193.50 REFUELING CHARGE 01/25 - 01/31 \$0.00 Subtotal: \$193.50 Taxes & Surcharges VEHICLE LICENSE FEE 01/25 - 01/30 5 DAY \$0.80 \$4.00 RECOVERY VEHICLE LICENSE FEE 01/30 - 01/31 \$0.80 1 DAY \$0.80 RECOVERY

Total Charges: \$198.30
Bill-To / Deposits

DEPOSITS (\$198.30)

Total Estimated Amount Due

PAYMENT INFORMATION AMOUNT PAID TYPE

\$198,30

CREDIT CARD NUMBER

XXXXXXXXXXX

Welcome to Shell WELCOME TO OUR STORE 12481278005 SHELL 5051 GATEWAY AVE ORLANDO FL 32821

TE RECEIPT > RECUEY.

ptjon ^{less} introj	lty Amount
N=	
R #05 5.908 F @ 2.5 39/ G	3G / 15.00
F @ 2.539/ G 🦥 🦥	1007 B

Subtotal 15.00 Tax 0.00 TOTAL 15.00

: CREDIT \$ 15.00

\(\text{redit} \) \(\text{resses 2.7.12 \)

XXXX 2318

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199 - 10074-10

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0800300000

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enthyles bywertense

THE ENVIORED CHEVRON 5811 HOLLYWOOD BLVD. HOLLYWOOD FL 33021

Tel-(754) 400-7279 SUNSHINE # 394 00304796 CHEVRN 394 5611 HOLLYWOOD BLV HOLLYWOOD FL

< DUPLICATE RECEIPT >

)escript	ion Qty	Amount
	#09 6.785G	16.01
SELF	0 2.359/ G	
	Service Control	
	Subtotál	16.01
	Tax	0,00
	TOTAL	16.01
	CREDIT	\$ 16.01

************2318 Stn# 00304796

Inv# 9628031 Auth# 03096R Entry Method: Swiped

OFFICE OF A Get rewarded on every fill-up at Chevron with a Techron Advantage card. See app for details

Please come again

Thank You for Coming
See You SOON

TILL XXXXX DR# / TRAN# 9057253

KURIG COFFEE \$1.69/CUP

GATORADE 2/\$3.50 REDBULL 2/\$4.22

ST# 394 TILL XXXX DR# 0 TRAN# 9094493

CSH: 0 1/30/20 6:32:12 PM

Print



Itemized Receipt

Below is a summarized receipt of toll activity from your recent rental.

Your	Inform	ation
------	--------	-------

Customer Name: VERON SIBBLE

Your Card Information

CC Type

CC Number: **********

Your Payment Information

Statement ID: EHI100347959

Total Toll Amount: \$3.04

Service Charge: \$3.95

\$3.95 per toll usage day, max \$19.75 per rental

Total Charges: \$6.99

Your Rental Information

Rental Agency: Enterprise

Contract/Rental Agreement Number: 8BZFFJ

Pick up Date and Time: 1/25/2020 9:41:00 AM

(PEMBROKE PINES, FL)

Return Date and Time: 1/31/2020 8:39:00 AM

(PEMBROKE PINES, FL)

Tolling Summary

Toll Date Time	Transportation Agent	Entry Plaza	Exit Plaza	Vehicle Class	Toll Fee
01/29/2020 3:16:06 PM	Florida Department of Transportation	- -	SR91 Pompano Bch Main SB MP65	2	\$1.34
01/29/2020 2:55:08 PM	Florida Department of Transportation	SR91 LAKE WORTH MP93	SR91 LANTANA MAINLINE MP88	2	\$1.70

Please note, there may be a delay on tolls being posted to your receipt due to a delay of the Transportation Agencies consolidated and posting tolls in a timely manner. In the event additional tolls are forwarded to us, we will process them and forward an additional ereceipt to you as soon as possible.

If you have any questions regarding toll activity that is listed on the receipt please contact us at 877-860-1258.



Hyatt Regency Orlando

9801 International Drive Orlando, FL 32819 Tel: 407-284-1234

Fax: 407-351-9177 orlando.regency.hyatt.com

INVOICE

Véron Sibble 2600 Hollywood Blvd Hollywood, FL 33020

United States

5063163101

Group Name

Confirmation No.

2020 FPPTA 25106220

Room No.

21405

Arrival

2020-01-26

Departure

2020-01-29

Page No.

1 of 1

1

Folio Window

Folio No. 29471198

Guest Signatur		Balance	0.00	10. · · · · · · · · · · · · · · · · · · ·
		Total	671.03	-671.03
01-29-2020	Discover / Union Pay	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		-7.46
01-28-2020	- Urban Tide Dinner Food	Room# 21405 : CHECK# 51085 '	7.46	
01-28-2020	OCCCD Surcharge		2.19	
01-28-2020	Group Room		219.00	
01-27-2020	OCCCD Surcharge	•	2.19	
01-27-2020	Group Room		219.00	
01-26-2020	OCCCD Surcharge		2.19	
01-26-2020	Group Room	·	219.00 `	
01-26-2020	Deposit Transferred at C/I	Room/check #31402383 \$3317.85	`	-663.57

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

World of Hyatt Summary

Membership: XXXXXX573A

Bonus Codes:

Qualifying Nights: 3 Eligible Spend: 664.00 Redemption Eligible: 7.46

Summary Invoice, please see front desk

for eligibility details.



Hyatt Regency Orlando

9801 International Drive Orlando, FL 32819

Tel: 407-284-1234

Fax: 407-351-9177 orlando.regency.hyatt.com

INVOICE

Veron Sibble 2600 Hollywood Blvd Hollywood, FL 33020 **United States**

Confirmation No.

5063163101

Group Name

2020 FPPTA 25106220

Room No.

21405

Arrival

2020-01-26

Departure

2020-01-29

Page No.

1 of 1

Folio Window 2

Folio No.

01-26-2020	State Tax 6.5%		14.38
01-26-2020	Occupancy Tax 6%		13.27
01-27-2020	State Tax 6.5%		14.38
01-27-2020	Occupancy Tax 6%		13.27
01-28-2020	State Tax 6.5%		14.38
01-28-2020	Occupancy Tax 6%		13.27
01-28-2020	State Sales Tax Exempt	, , , , , , , , , , , , , , , , , , ,	43.14
01-28-2020	Occupancy Tax Exempt	•	39.81

Guest Signature

Balance

Total

0.00

0.00

0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

World of Hyatt Summary

Membership: XXXXXX573A

Bonus Codes:

Qualifying Nights: 3 Eligible Spend: 664.00 Redemption Eligible: 7.46

Summary Invoice, please see front desk

for eligibility details.

WELLINGTON MANAGEMENT®

Client Name:

City of Hollywood Employees' Retirement

Client ID:

Date:

22 Jan 2020

Invoice #:

20191231-96675-A

Wellington Trust Company, NA

Management for the Period from 01 Oct 2019 to 31 Dec 2019:

	and the second s	•		Billable		
	Fee Schedule	Billable Assets	Basis Points	Days		Period Fee
First	50,000,000.00 USD	50,000,000.00	65.000	90/360	USD	81,250.00
Thereafter	USD	4,594,842.22	55.000	90/360	USD	6,317.91
	USD	54,594,842.22			USD	87,567.91
	•				•	· ·

Management Fee, for Portfolio 4M5304 USD 87,567.91

Billable Assets Calculation

Pool:

44W5 - WTC-CTF International Opportunities

Portfolio	Date	Market Value	
4M5304 - City of Hollywood IO	31 Oct 2019	50,607,288.66	
4M5304 - City of Hollywood IO	30 Nov 2019	55,313,881.15	
4M5304 - City of Hollywood IO	31 Dec 2019	57,863,356.84	
	Billable Average:	54,594,842.22	USD

Please reference your monthly statement for NAV and outstanding shares

0.00 *

Total Management Fees Due for Account 4M53

0.00

81,250.00 +

6,317.91 +

87,567.91

50,000,000 ×

0•0065 =

325,000.00 +

325,000 +

4. =

81,250.00 +

4,594,842.22 X

0 • 0055 =

25,271.63 +

25,271.63 ÷

4. =

6,317.91 +

SKA

USD 87,567.91

3/010/19620

WELLINGTON MANAGEMENT®

Wellington Trust Company, NA

Client Name:

City of Hollywood Employees' Retirement

Client ID:

Date:

22 Jan 2020

invoice #:

20191231-96675-A

Christine Bailey City of Hollywood Pension office 2600 Hollywood Blvd City Hall Annex Building 2nd Floor, Room 20 Hollywood, FL 33020 **United States**

Management Fee Summary for the Period Ending 31 Dec 2019

Current Period Fee

87,567.91

Total Amount Due

87,567.91

USD

Distribution Notes:

cc: fewell@segalmarco.com; VASIBBLE@hollywoodfl.org

Notes:

Check Remittance Instructions: Wellington Trust Company, NA, PO Box 412419, Boston, MA 02241-2419

For questions regarding your invoice, please contact financefees@wellington.com.

Payment Instruction:

Wire remittance:

Citibank, New York Swift: CITIUS33 ABA: 021000089

Account #: 30484907

Account Name: Wellington Trust Company

Reference: City of Hollywood Employees' Retirement, 4M53