

**AGENDA TOWN OF GOLDEN BEACH EMPLOYEES' PENSION PLAN**  
**100 OCEAN BLVD. GOLDEN BEACH, FL 33160**  
**3<sup>RD</sup> FLOOR CHAMBERS**  
**May 22, 2024 3:00 p.m.**  
**Call in #: 1-720-843-2859 Access Code: 7317441**  
**CALL TO ORDER:**

**I. ROLL CALL:** Chairperson Eric Fishman, Trustee Maria Camacho, Trustee David Block, Trustee Jon Kessler and Trustee Joseph Bautista

**II. APPROVAL OF MINUTES:**

**Regular meeting of January 26, 2024 and Special meeting of February 22, 2024**

**III. RATIFICATION OF WARRANTS: Warrants No. 252 to 248**

|  |                    |
|--|--------------------|
| FPPTA (M. Camacho; Registration Fee)   | \$ 875.00          |
| Benefits USA (Administration Fee; May) | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; May)    | \$ 250.00          |
| First State (1 <sup>st</sup> QTR Fees) | \$ 1,545.89        |
| <b>TOTAL:</b>                          | <b>\$ 3,920.89</b> |

|  |                    |
|--|--------------------|
| Sugarman, Susskind, Braswell & Herrera (Legal Fees; April) | \$ 1,500.00        |
| Benefits USA (Administration Fee; April)                   | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; April)                      | \$ 250.00          |
| FPPTA (Re-Cert; M. Camacho)                                | \$ 31.00           |
| <b>TOTAL:</b>  | <b>\$ 3,031.00</b> |

|  |                    |
|--|--------------------|
| Sugarman, Susskind, Braswell & Herrera (Legal Fees; March) | \$ 1,500.00        |
| Benefits USA (Administration Fee; March)                   | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; March)                      | \$ 250.00          |
| Laurel Patterson (Gourmet Gift Baskets; G. Diaz)           | \$ 158.88          |
| <b>TOTAL:</b>  | <b>\$ 3,158.88</b> |

|  |                    |
|--|--------------------|
| Southern Actuarial Services (Actuarial valuation/Benefit Statements) | \$ 8,000.00        |
| Southern Actuarial Services (DROP Statement)                         | \$ 225.00          |
| First State (4 <sup>th</sup> QTR Custodial Fees)                     | \$ 1,549.31        |
| <b>TOTAL:</b>  | <b>\$ 9,774.31</b> |

|  |                    |
|--|--------------------|
| Sugarman, Susskind, Braswell & Herrera (Legal Fee; February) | \$ 1,500.00        |
| Keefe McCullough (Progress Billing through January 2024)     | \$ 4,100.00        |
| Southern Actuarial Services (Preparation of DROP Statement)  | \$ 225.00          |
| Benefits USA (Administration Fee; February)                  | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; February)                     | \$ 250.00          |
| <b>TOTAL:</b>  | <b>\$ 7,100.00</b> |

**IV. NEW BUSINESS:**

- a. Approval of DROP Application for General Employees
- b. Fiduciary Liability Application effective date: June 5, 2024
- c. Discussion on New Requirements for Financial Disclosure

**V. OLD BUSINESS:**

## **VI. REPORTS**

- a. Attorney
- b. Investment Manager
- c. Chairperson
- d. Secretary
- e. Administrator

## **VII. PUBLIC COMMENTS**

## **VIII. NEXT MEETING DATE: TBT**

## **IX. ADJOURN:**

Notice is hereby given that two or more members of the Town Council or other Town committees or boards may be in attendance at this meeting, which shall be open to the public at all times. If any person decides to appeal any decision made by the Board with respect to any matter considered at such a meeting, we will need a proceeding of that meeting. And that, for such purpose, he may need to insure a verbatim record of the proceedings, the record is to include the testimony and evidence upon which that appeal is to be based. F.S.S.286.0105. Any individual who believes he or she has a disability which requires a reasonable accommodation in order to participate fully and effectively in a meeting of the Pension Board must so notify the Town Clerk at (305) 932-0744 at least 24 hours prior to the date of the meeting.

RETIREMENT PLAN FOR EMPLOYEES OF THE  
TOWN OF GOLDEN BEACH  
REGULAR MEETING  
January 26, 2024

Chairperson Fishman called the regular meeting of the Board of Trustees of the Retirement Plan for Employees of the Town of Golden Beach to order at 3:05 p.m.

**TRUSTEES PRESENT:**

Chairperson Fishman, Trustee Kessler, Trustee Block and Trustee Bautista

**OTHER AVAILABLE BY TELEPHONE:** Attorney Pedro Herrera and Scott Owens from Graystone Consulting

**ABSENT:**

Maria Camacho

**OTHERS PRESENT:**

Ken Smith of Keefe McCullough and Administrator Lauri Patterson of Benefits USA, Inc.

Chairman Fishman introduced Joseph Bautista as a new trustee. Trustee Bautista said he has been with the Town of Golden Beach for about 10 years in the capacity of a Sergeant on the mid-night shift. He mentioned he got shot last April, he is marine certified and assists IT when needed. Trustee Bautista said he wants to learn more about the pension and looks forward to serving as a Board member.

**APPROVAL OF MINUTES: October 30, 2023**

**Motion made by Trustee Block to approve the minutes of October 30, 2023. Motion seconded by Trustee Kessler.**

**RATIFICATION OF WARRANTS: Warrants No. 246 to 244**

|   |                    |
|---|--------------------|
| Southern Actuarial Services (Preparation of DROP Statement)   | \$ 275.00          |
| David Block (FPPTA registration Jan 2024)                     | \$ 850.00          |
| David Block (Per diem advance Jan 2024)                       | \$ 320.00          |
| Sugarman, Susskind, Braswell & Herrera (Legal Fees; December) | \$ 1,500.00        |
| Benefits USA (Administration Fee; December)                   | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; December)                      | \$ 250.00          |
| <b>TOTAL:</b>   | <b>\$ 4,445.00</b> |

|   |                    |
|---|--------------------|
| Sugarman, Susskind, Braswell & Herrera (Legal Fees; November) | \$ 1,500.00        |
| Benefits USA (Administration Fee; November)                   | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; November)                      | \$ 250.00          |
| <b>TOTAL:</b>   | <b>\$ 3,000.00</b> |

|  |             |
|--|-------------|
| David Block (FPPTA, hotel & mileage)               | \$ 1,187.65 |
| Benefits USA (Bookkeeping Fees; 4/20/23- 10/18/23) | \$ 3,492.50 |

TOTAL:

\$ 4,680.15

**Motion made by Trustee Block to ratify the payment. Motion seconded by Trustee Kessler. Motion passed.**

**APPROVAL OF PAYMENTS: Warrant No. 247**

|   |             |
|---|-------------|
| Sugarman, Braswell & Herrera (Legal Fee; January)   | \$ 1,500.00 |
| Keefe McCullough (Progress Billing through 12/2023) | \$ 5,890.00 |
| Benefits USA (Administration Fee; January)          | \$ 1,250.00 |
| Benefits USA (Bookkeeping Fee; January)             | \$ 250.00   |
| TOTAL:  | \$ 8,890.00 |

**Motion made by Trustee Block to approve Warrant No. 247. Motion seconded by Trustee Kessler. Motion passed.**

**NEW BUSINESS:**

- a. Introduction of new trustee Joseph Bautista – Item was moved to the beginning of the meeting
- b. Benefits USA Updated Contract by Attorney Herrera - Attorney Herrera said his office prepared the Contract which can be executed. Attorney Herrera said it was approved at the last meeting.

**REPORTS**

a. Investment Manager – Mr. Owens provided a brief overview of the economy noting we started the year with conflict, Israel, Hamas and banks going out of business. He noted credit card debt is increasing, rates on rental property are going down and jobs are more difficult to get. Mr. Owens reported that we have recovered from 2022 and since artificial intelligence (AI) the market has really taken off. The S & P was up to 11.69%, Russell 1000 was up to 42.68% for the year, MSCI EAFE was up 18.24% for the year, however emerging markets did not perform well mainly China.

Mr. Owens provided a report for the Quarter ended December 31, 2023. The market value was \$15,309,470 compared to the market value of \$14,350,316 on September 30, 2023. During the current Fiscal YTD, the portfolio generated 7.66% (gross-of-fees) and 7.46% (net of fees) compared to the 7% assumed actuarial assumption rate of return. 1-year returns were 12.40%, 5 year 8.88% and 5.92% since inception of 11/01/2000.

Mr. Owens provided a brief report on each manager noting that BlackRock – Large Cap Value performed well, Sawgrass returned 11.32% for quarter and we are overweight, Lazard International Value 1 year return was 18.11%, BNYM Walter Scott International Growth was up 20.89% inception date was 9/1/2022. RBC's one-year numbers were good at 19.70% and has been a good contributor to the fund. Mr. Owens discussed Kayne Anderson he is glad we stayed the course because they are doing better now. Mr. Owens said they are watching Lazard EM Core Equity and he will do a search before the next meeting. He reminded the board that we took money from Madison Fixed Income and invested it with Genter - Short-Term Fixed income on 4/1/2023 which is adding to the portfolio. Mr. Owens said real estate remains negative, -5.95% for the quarter and -13.03% for 1 year. Chairman Fishman commented we can't get out of real estate. Mr. Owens said they are illiquid and we are in the queue and waiting for a distribution.

Trustee Kessler added they need to sell buildings and office buildings since they are a detractor. Trustee Kessler wants to know what they are invested in. He said he has concerns about real estate and emerging markets and the unstable currency. Trustee Block asked if emerging markets are the place to be at this time. Mr. Owens stated he will invite American Core Realty to the next meeting. Chairman Fishman asked if we could get the same page that was included in this report on US Equity Valuation Metrics.

As of December 31, 2023 the allocation was: 60.9% in equity, 25.0% in fixed income, 15.0% in alternative investments and 2.4% in cash held in the Deposit & Disbursement account.

Mr. Owens reported that as of January 18, 2024 the total fund was \$15,180,026 the return was 6.6%.

b. Attorney – Attorney Herrera said there were no action items to discuss. He mentioned his office sent an email about the new law that changes that changes the way the trustees file their Financial Disclosures in 2024. Attorney Herrera said that Form 6 does not apply to Board members. The administrator said she would distribute the email. Attorney Herrera mentioned that FRS is discussing giving COLA's to retirees however this does not apply to this Plan.

Mr. Smith arrived at 4:00 p.m.

#### **AUDIT REPORT**

Mr. Smith reported on the Financial Statements for the year ended September 30, 2023. In his opinion, the financial statements present fairly, and the changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America. An unmodified opinion was issued. Mr. Smith noted there was a change to the Town's payroll system which resulted in a few small adjustments. Mr. Smith thanked everyone involved and reported that the audit went smooth.

The financial highlights are the Plans net position at the end of Fiscal year 2023 was \$14,399,543 vs \$12,719,042 from 2022. Employer contributions to the Plan were \$804,330 which was an increase of \$162,567 from 2022.

Mr. Smith reviewed the financial highlights noting the Net Investment Income for 2023 from interest and dividends on investments was \$368,832 up \$39,691 from fiscal year 2022, while the net depreciation on investment activity for 2023 was \$953,624.

There was \$624,872 in benefits paid and \$178,911 in administrative expenses and other totaling: \$803,783 vs \$739,917 in 2022. Mr. Smith noted there were a few more retirees this plan year.

Mr. Smith said he would send the Management Rep Letter to the attorney for review.

Chairman Fishman asked if there were any questions. There were none.

Chairman Fishman asked for a motion to approve the Financial Statements as of September 30, 2023.

**Motion made by Trustee Block to approve the 2023 Financial Statements as presented by Ken Smith of Keefe McCullough. Motion Seconded by Trustee Kessler. Motion passed.**

c. Chairman – There was no report.

d. Secretary – There was no report.

e. Administrator – There was no report.

**PUBLIC COMMENTS:**

**Motion made by Trustee Block to adjourn the meeting at 4:45 p.m.**

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RETIREMENT PLAN FOR EMPLOYEES OF THE  
TOWN OF GOLDEN BEACH  
SPECIAL MEETING  
February 22, 2024

Chairperson Fishman called the regular meeting of the Board of Trustees of the Retirement Plan for Employees of the Town of Golden Beach to order at 3:05 p.m.

**TRUSTEES PRESENT:**

Chairperson Fishman, Trustee Block and Trustee Bautista

**ABSENT:**

Maria Camacho and Jon Kessler

**OTHERS PRESENT:**

Chuck Carr of Southern Actuarial Services and Administrator Lauri Patterson of Benefits USA, Inc.

**REPORTS**

**ACTUARY REPORT**

Mr. Carr provided a report on the Actuarial Valuation as of October 1, 2023 for the 2024/25 Fiscal year. The purpose of the report is to provide a summary of the funded status of the plan as of October 1, 2023 and to determine the minimum required contribution under Chapter 112, Florida Statutes, for the 2025/2025 plan year.

Mr. Carr specified the funding results for the General Employees and the Police Officers. The estimated minimum employer contribution is \$1,307,991, which equated to 36.29% of covered payroll. (General Employees: \$447,531 and Police Officers: \$860,460). The minimum contribution increased by \$365,525 from the prior evaluation.

Mr. Carr said there was a Plan Amendment, Ordinance 604.232 that became effective September 26, 2023, this ordinance added several new alternative requirements for normal retirement at either 30 years of service regardless of age or normal retirement at age 55 with least 25 years of service, both for general employees, or normal retirement at 20 years of service regardless of age for the City Manager. The Ordinance also added a DROP for general employees with a maximum DROP participation period of three years, extended to maximum DROP participation period to five years for police officers. Trustee Block asked how will this impact the assumptions. Mr. Carr stated the impact will increase the required contribution by 5.09% of payroll.

Mr. Carr said although the market value of assets earned 9.44% during the 2022.23 plan year, the actuarial value of assets is based on the market value adjust to reflect a five-year phase-in of the unexpected investment appreciation. On this basis, the actuarial value of assets only earned 7.16%, whereas a 7.00% annual investment return was required to maintain a stable contribution rate. He added based on the current assets, participant data, and actuarial assumptions and methods used to value the plan, the present-day value of the total long-term funding requirement is \$26,574,167, current assets are sufficient to cover \$14,734,872 of this amount, the employers 2022/23 contribution will cover \$942,466 of this amount, the employers 2024/25 contribution

will cover \$1,307,991 and future employee contributions are expected to cover \$1,418,603 of this amount, leaving \$8,170,235 to be covered beyond the 2023/25 fiscal year. Mr. Carr mentioned the Town contributed more towards the required contribution. He reminded the Board that we use a 5 year smoothing method.

Mr. Carr is not recommending any assumption changes at this time. His office will file the Annual Valuation with the State within 60 days.

**Motion made by Trustee Block to accept the Annual Valuation for the 2024/2025 Plan Year. Motion seconded by Trustee Bautista. Motion passed.**

Mr. Carr recommended that the Board adopt a rate of return.

Chairman Fishman asked if there were any questions. Hearing or seeing none he asked for a motion.

**Motion made by Trustee Block to approve the assumption rate of 7%. Motion Seconded by Trustee Bautista. Motion passed.**

c. Chairman – There was no report.

d. Secretary – There was no report.

e. Administrator – There was no report.

**PUBLIC COMMENTS:**

**Motion made by Trustee Block to adjourn the meeting at 4:30 p.m.**

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**WARRANT NO. 252**

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>              | <u>AMOUNTS</u>     |
|--|--------------------|
| FPPTA (M. Camacho; Registration Fee)   | \$ 875.00          |
| Benefits USA (Administration Fee; May) | \$ 1,250.00        |
| Benefits USA (Bookkeeping Fee; May)    | \$ 250.00          |
| First State (1 <sup>st</sup> QTR Fees) | \$ 1,545.89        |
| <b>TOTAL:</b>                          | <b>\$ 3,920.89</b> |

  
\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

## WARRANT NO. 252

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO:            FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>                     | <u>AMOUNTS</u>         |
|---|------------------------|
| <b>FPPTA (M. Camacho; Registration Fee)</b>   | <b>\$ 875.00</b>       |
| <b>Benefits USA (Administration Fee; May)</b> | <b>\$ 1,250.00</b>     |
| <b>Benefits USA (Bookkeeping Fee; May)</b>    | <b>\$ 250.00</b>       |
| <b>First State (1<sup>st</sup> QTR Fees)</b>  | <b>\$ 1,545.89</b>     |
| <br><b>TOTAL:</b>                             | <br><b>\$ 3,920.89</b> |

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee



## INVOICE

Lauri Patterson (Benefits USA, Inc. )  
100 CIVIC CT  
HOMESTEAD, FL 33030  
United States

**Invoice Date:** 04/15/2024  
**Invoice Number:** INV\_11754

**Reference:** Online Event  
Registration: 40th Annual  
Conference

**Florida Public Pension Trustees  
Association**  
2946 WELLINGTON CIR  
TALLAHASSEE, FL 32309  
United States  
mj@fppta.org  
8506688552

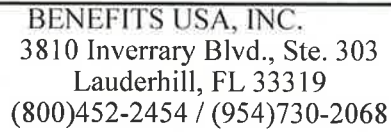
| Description   | Quantity | Unit Price | Sales Tax          | Amount USD      |
|---|----------|------------|--------------------|-----------------|
| Registration Fee - Trustee Registration Fee (Maria Camacho, Attendee) | 1        | \$875.00   | -                  | \$875.00        |
|   |          |            | Sub Total          | \$875.00        |
|   |          |            | TOTAL Sales Tax    | \$0.00          |
|   |          |            | <b>TOTAL USD</b>   | <b>\$875.00</b> |
|   |          |            | Amount Paid        | (\$0.00)        |
|   |          |            | <b>AMOUNT DUE:</b> | <b>\$875.00</b> |

**DUE DATE:** April 25, 2024

## PAYMENT ADVICE

**To:**  
Florida Public Pension Trustees Association  
2946 WELLINGTON CIR  
TALLAHASSEE, FL 32309  
United States  
mj@fppta.org  
8506688552

**Customer:** Lauri Patterson  
**Invoice Number:** INV\_11754  
**Amount Due:** **\$875.00**  
**Due Date:** April 25, 2024

**INVOICE NO.:** GB0 04-24

Town of Golden Beach Employees  
Pension Fund

|                     |             |
|---------------------|-------------|
| <b>Fees</b>         | \$ 1,500.00 |
| <b>Postage Etc.</b> | \$          |
| <b>Bal Due</b>      | \$ 1,500.00 |



Town of Golden Beach Gen EE's PP-Dep

**INVOICE**

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 4/3/2024

**Quarterly Asset-Based Fee**

Frequency 01/01/2024 to 03/31/2024

**Fee Detail**

|                      |               |
|----------------------|---------------|
| Total market value : | 15,801,756.74 |
| Less Market Value :  | 0.00          |
| Net Market Value :   | 15,801,756.74 |

**Total Annual Fee: 1,975.22**

**PRORATION**

| Account  | Type | Market Value | Percentage | Annualized Fee | Quarterly Fee |
|----------|------|--------------|------------|----------------|---------------|
| 70000572 | Main |              |            |                | 1348.89       |

**Market Value Invoice Amount: 1,348.89**

**New ACH Payment Option for 2023**

From the First State Trust Company website-[www.fs-trust.com](http://www.fs-trust.com)

Click Login and then click the Initiate ACH payments

Please specify Payment Type- 01- Invoice

Please add any necessary Info in the comment section

**Questions? Please call your FSTC Administrator at (302) 573-5816**

**Administrator : Jim Robinson**

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537

Unpaid invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.



Town of Golden Beach Gen EE's PP-C/D

INVOICE

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 4/3/2024

Activity Fee Schedule : Pension Transaction - \$1.75

From Date : 12/31/2023

Frequency : Quarterly

Number of Free Transactions : 0

To Date : 3/31/2024

Calculation

**84 Disbursement of Cash**

1.75 On the First 84 147.00

**Activity Fee Invoice Amount : 147.00**

New ACH Payment Option for 2023

From the First State Trust Company website- [www.fs-trust.com](http://www.fs-trust.com)

Click Login and then click the Initiate ACH payments

Please specify Payment Type- 01-Invoice

Please add any necessary info in the comment section

Questions? Please call your FSTC Administrator at (302) 573-5816

Administrator: Jim Robinson

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537

Unpaid invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.



Town of Golden Beach Gen EE's PP-C/D

INVOICE

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 4/3/2024

Activity Fee Schedule : Loans/Payment of Plan Expense \$5.00  
Frequency : Quarterly Number of Free Transactions : 0

From Date : 12/31/2023  
To Date : 3/31/2024

Calculation

|                                |   |       |
|--------------------------------|---|-------|
| 3 Disbursement of Cash         |   |       |
| 5.00 On the First              | 3 | 15.00 |
| 7 Disbursement of Cash - Check |   |       |
| 5.00 On the First              | 7 | 35.00 |
| Activity Fee Invoice Amount :  |   | 50.00 |

New ACH Payment Option for 2023

From the First State Trust Company website- [www.fs-trust.com](http://www.fs-trust.com)  
Click Login and then click the Initiate ACH payments  
Please specify Payment Type- 01-Invoice  
Please add any necessary info in the comment section

Questions? Please call your FSTC Administrator at (302) 573-5816

Administrator: Jim Robinson

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537  
Unpaid invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.

## WARRANT NO. 251

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>                                  | <u>AMOUNTS</u> |
|--|----------------|
| Sugarman, Susskind, Braswell & Herrera (Legal Fees; April) | \$ 1,500.00    |
| Benefits USA (Administration Fee; April)                   | \$ 1,250.00    |
| Benefits USA (Bookkeeping Fee; April)                      | \$ 250.00      |
| FPPTA (Re-Cert; M. Camacho)                                | \$ 31.00       |

TOTAL:

\$ 3,031.00

\_\_\_\_\_  
Trustee

  
\_\_\_\_\_  
Trustee

## WARRANT NO. 251

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO:            FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>   | <u>AMOUNTS</u>     |
|---|--------------------|
| <b>Sugarman, Susskind, Braswell &amp; Herrera (Legal Fees; April)</b> | <b>\$ 1,500.00</b> |
| <b>Benefits USA (Administration Fee; April)</b>                       | <b>\$ 1,250.00</b> |
| <b>Benefits USA (Bookkeeping Fee; April)</b>                          | <b>\$ 250.00</b>   |
| <b>FPPTA (Re-Cert; M. Camacho)</b>                                    | <b>\$ 31.00</b>    |

**TOTAL:**

**\$ 3,031.00**

\_\_\_\_\_  
Trustee

  
\_\_\_\_\_  
Trustee

# SUGARMAN, SUSSKIND, BRASWELL & HERRERA

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

Robert A. Sugarman ♦  
Howard S. Susskind  
D. Marcus Braswell, Jr.  
Pedro A. Herrera  
Kenneth R. Harrison, Sr.  
Madison J. Levine

150 Alhambra Circle  
Suite 725  
Coral Gables, Florida 33134  
(305) 529-2801  
Toll Free (800) 329-2122  
Facsimile (305) 447-8115

♦ Board Certified Labor &  
Employment Lawyer

David E. Robinson  
Of Counsel

April 11, 2024  
Invoice No. 186628

Board of Trustees  
Town of Golden Beach Pension Board  
c/o Benefits USA, Inc.  
3810 Inverrary Boulevard, Suite 303  
Lauderhill, FL 33319

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## RETAINER STATEMENT

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|                                       |                   |
|---------------------------------------|-------------------|
| Retainer for the month of April, 2024 | \$1,500.00        |
| <b>TOTAL AMOUNT DUE:</b>              | <b>\$1,500.00</b> |

# SUGARMAN, SUSSKIND, BRASWELL & HERRERA, P.A.

150 Alhambra Circle  
Suite 725  
Coral Gables, Florida 33134  
Telephone: 305-529-2801  
Fax: 305-447-8115  
www.sugarmansusskind.com

Town of Golden Beach Pension Board  
Benefits USA, Inc.  
3810 Inverrary Boulevard  
Suite 303  
Lauderhill, FL 33319

April 11, 2024  
Invoice # 187029

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Client: Matter GBPP: PLAN

In Reference To: Plan

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## Professional Services

|   | <u>Hrs/Rate</u>     | <u>Amount</u> |
|---|---------------------|---------------|
| 3/7/2024 Review and edit DROP application for general employees; review muni code | 1.00<br>\$300.00/hr | NO CHARGE     |
| For professional services rendered  | 1.00                | \$0.00        |
| Balance due   |                     | \$0.00        |



BENEFITS USA, INC.  
3810 Inverrary Blvd., Ste. 303  
Lauderhill, FL 33319  
(800)452-2454 / (954)730-2068

# INVOICE

INVOICE NO.: GB0 04-24

**Bill To:**

Town of Golden Beach Employees  
Pension Fund

| Date       | Hours | Description        | Unit Pr | Total       |
|------------|-------|--------------------|---------|-------------|
| April 2024 |       | Administration Fee |         | \$ 1,250.00 |
| April 2024 |       | Bookkeeping Fee    |         | \$ 250.00   |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |
|            |       |                    |         |             |

|                     |             |
|---------------------|-------------|
| <b>Fees</b>         | \$ 1,500.00 |
| <b>Postage Etc.</b> | \$          |
| <b>Bal Due</b>      | \$ 1,500.00 |



## INVOICE

Lauri Patterson (Benefits USA, Inc. )  
100 CIVIC CT  
HOMESTEAD, FL 33030  
United States

**Invoice Date:** 03/18/2024  
**Invoice Number:** INV\_11554

**Reference:** Online Payment:  
CPPT Recertification

**Florida Public Pension Trustees Association**  
2946 WELLINGTON CIR  
TALLAHASSEE, FL 32309  
United States  
mj@fppta.org  
8506688552

| Description   | Quantity | Unit Price | Sales Tax          | Amount USD     |
|---|----------|------------|--------------------|----------------|
| CPPT Recertification (current period for 2024) for: Maria Camacho | 1        | \$31.00    | -                  | \$31.00        |
|   |          |            | Sub Total          | \$31.00        |
|   |          |            | TOTAL Sales Tax    | \$0.00         |
|   |          |            | <b>TOTAL USD</b>   | <b>\$31.00</b> |
|   |          |            | Amount Paid        | (\$0.00)       |
|   |          |            | <b>AMOUNT DUE:</b> | <b>\$31.00</b> |

**DUE DATE:** March 28, 2024

-X-

## PAYMENT ADVICE

**To:**  
Florida Public Pension Trustees Association  
2946 WELLINGTON CIR  
TALLAHASSEE, FL 32309  
United States  
mj@fppta.org  
8506688552

**Customer:** Lauri Patterson  
**Invoice Number:** INV\_11554

**Amount Due:** **\$31.00**  
**Due Date:** March 28, 2024

## WARRANT NO. 250

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO:            FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>   | <u>AMOUNTS</u>     |
|---|--------------------|
| <b>Sugarman, Susskind, Braswell &amp; Herrera (Legal Fees; March)</b> | <b>\$ 1,500.00</b> |
| <b>Benefits USA (Administration Fee; March)</b>                       | <b>\$ 1,250.00</b> |
| <b>Benefits USA (Bookkeeping Fee; March)</b>                          | <b>\$ 250.00</b>   |
| <b>Laurel Patterson (Gourmet Gift Baskets; G. Diaz)</b>               | <b>\$ 158.88</b>   |
| <b>TOTAL:</b>   | <b>\$ 3,158.88</b> |

Please mail Laurel Patterson's check to:  
Benefits USA, Inc.  
3810 Inverarry Blvd. Suite 303  
Lauderhill, FL 33319



\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

## WARRANT NO. 250

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>   | <u>AMOUNTS</u>     |
|---|--------------------|
| <b>Sugarman, Susskind, Braswell &amp; Herrera (Legal Fees; March)</b> | <b>\$ 1,500.00</b> |
| <b>Benefits USA (Administration Fee; March)</b>                       | <b>\$ 1,250.00</b> |
| <b>Benefits USA (Bookkeeping Fee; March)</b>                          | <b>\$ 250.00</b>   |
| <b>Laurel Patterson (Gourmet Gift Baskets; G. Diaz)</b>               | <b>\$ 158.88</b>   |
| <b>TOTAL:</b>   | <b>\$ 3,158.88</b> |

Please mail Laurel Patterson's check to:  
Benefits USA, Inc.  
3810 Inverarry Blvd. Suite 303  
Lauderhill, FL 33319

\_\_\_\_\_  
Trustee

  
\_\_\_\_\_  
Trustee

# SUGARMAN, SUSSKIND, BRASWELL & HERRERA

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

Robert A. Sugarman ♦  
Howard S. Susskind  
D. Marcus Braswell, Jr.  
Pedro A. Herrera  
Kenneth R. Harrison, Sr.  
Madison J. Levine

Jose Javier Rodriguez  
David E. Robinson  
Of Counsel

150 Alhambra Circle  
Suite 725  
Coral Gables, Florida 33134  
(305) 529-2801  
Toll Free (800) 329-2122  
Facsimile (305) 447-8115

♦ Board Certified Labor &  
Employment Lawyer

March 7, 2024  
Invoice No. 185783

Board of Trustees  
Town of Golden Beach Pension Board  
c/o Benefits USA, Inc.  
3810 Inverrary Boulevard, Suite 303  
Lauderhill, FL 33319

---

## RETAINER STATEMENT

---

|                                       |                   |
|---------------------------------------|-------------------|
| Retainer for the month of March, 2024 | \$1,500.00        |
| <b>TOTAL AMOUNT DUE:</b>              | <b>\$1,500.00</b> |



# INVOICE

**INVOICE NO.:** GB0 03-24**Bill To:**

Town of Golden Beach Employees  
Pension Fund

[illegible]

|                     |             |
|---------------------|-------------|
| <b>Fees</b>         | \$ 1,500.00 |
| <b>Postage Etc.</b> | \$          |
| <b>Bal Due</b>      | \$ 1,500.00 |



Manage your account online:  
[www.chase.com/amazon](http://www.chase.com/amazon)

Customer Service:  
1-888-247-4080

Mobile: Download the  
Chase Mobile® app today

| April 2024 |    |    |    |    |    |    |  |  |  |  |  |  |  |
|------------|----|----|----|----|----|----|--|--|--|--|--|--|--|
| S          | M  | T  | W  | T  | F  | S  |  |  |  |  |  |  |  |
| 31         | 1  | 2  | 3  | 4  | 5  | 6  |  |  |  |  |  |  |  |
| 7          | 8  | 9  | 10 | 11 | 12 | 13 |  |  |  |  |  |  |  |
| 14         | 15 | 16 | 17 | 18 | 19 | 20 |  |  |  |  |  |  |  |
| 21         | 22 | 23 | 24 | 25 | 26 | 27 |  |  |  |  |  |  |  |
| 28         | 29 | 30 | 1  | 2  | 3  | 4  |  |  |  |  |  |  |  |
| 5          | 6  | 7  | 8  | 9  | 10 | 11 |  |  |  |  |  |  |  |

New Balance  
**\$420.59**  
Minimum Payment Due  
**\$35.00**  
Payment Due Date  
**04/10/24**

## YOUR PRIME VISA POINTS

|   |     |
|---|-----|
| Previous points balance                   | 45  |
| + 5% back on Amazon.com purchases         | 320 |
| + 5% back on Whole Foods Market purchases | 0   |
| + 2% back at gas stations                 | 0   |
| + 2% back at restaurants                  | 0   |
| + 5% back on Chase Travel purchases       | 0   |
| + 2% back on local transit/commuting      | 0   |
| + 1% back on all other purchases          | 357 |
| + Bonus on purchases                      | 7   |
| - Points redeemed this statement period   | 565 |

**Total points available for redemption 164**

Reward your routine everywhere you shop with your Prime Visa. The % back rewards you earn under the program are tracked as points. Each \$1 in % back rewards earned is equal to 100 points.

Cardmembers earn unlimited 5% back at Amazon.com, Whole Foods Market, and on Chase Travel purchases with an eligible Prime membership (otherwise 3% back). To check your reward status, sign into the Amazon account where your card is loaded, visit "Your Account" page and click "Your Payments" to view your "Rewards status."

Have a question about an Amazon order? Sign in to your Amazon account and go to "Your Account," then "Your Orders" to view recent orders. For questions about purchases or returns, call Amazon Customer Service at 1-888-283-1190.

**Late Payment Warning:** If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00 and your APR's will be subject to increase to a maximum Penalty APR of 29.99%.

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

|   |  |   |
|---|--|---|
| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
| Only the minimum payment  | 14 months  | \$473   |

If you would like information about credit counseling services, call 1-866-797-2885.

## ACCOUNT SUMMARY

|  |                     |
|--|---------------------|
| <b>Account Number: 4147 4002 0899 1222</b> |                     |
| Previous Balance                           | \$893.20            |
| Payment, Credits                           | -\$893.20           |
| Purchases                                  | +\$420.59           |
| Cash Advances                              | \$0.00              |
| Balance Transfers                          | \$0.00              |
| Fees Charged                               | \$0.00              |
| Interest Charged                           | \$0.00              |
| <b>New Balance</b>                         | <b>\$420.59</b>     |
| Opening/Closing Date                       | 02/14/24 - 03/13/24 |
| Credit Access Line                         | \$10,200            |
| Available Credit                           | \$9,779             |
| Cash Access Line                           | \$510               |
| Available for Cash                         | \$510               |
| <b>Past Due Amount</b>                     | <b>\$0.00</b>       |
| <b>Balance over the Credit Access Line</b> | <b>\$0.00</b>       |

## YOUR ACCOUNT MESSAGES

We're glad you enjoy the benefits of your Amazon credit card and want you to be able to use your card in more ways. So what are we doing about it? We are lowering Balance Transfer and Cash Advance Fees. Going forward, Balance Transfer and Cash Advance Fees will be a 4% fee (with a minimum of \$5) of the transaction amount. Please refer to your cardmember agreement for the complete terms of your credit card.

0000001 FIS33339 D 5 N Z 13 24/03/13 Page 1 of 3 06654 MA MA 63517 07310000050006351701

**This Statement is a Facsimile - Not an original**



41474002089912220000350000042059000000007

P.O. BOX 15123  
WILMINGTON, DE 19850-5123  
For Undeliverable Mail Only

Make your payment at  
[chase.com/paycard](http://chase.com/paycard)

**Payment Due Date:** 04/10/24  
**New Balance:** \$420.59  
**Minimum Payment Due:** \$35.00

Account number: 4147 4002 0899 1222

\$ \_\_\_\_\_ Amount Enclosed  
Make/Mail to Chase Card Services at the address below:

63517 BEX Z 07324 D  
LAUREL PATTERSON  
19563 NW 61ST AVE  
HIALEAH FL 33015-4827

CARDMEMBER SERVICE  
PO BOX 1423  
CHARLOTTE NC 28201-1423

⑆ 5000 160 28⑆ 3740 2089912229⑈



Manage your account online:  
[www.chase.com/amazon](http://www.chase.com/amazon)



Customer Service:  
1-888-247-4080



Mobile: Download the  
Chase Mobile® app today

## ACCOUNT ACTIVITY

Date of Transaction      Merchant Name or Transaction Description      \$ Amount

### PAYMENTS AND OTHER CREDITS

03/08      Payment Thank You Bill Pay Service      -893.20

### PURCHASE

02/14      CHEWY.COM 800-672-4399 FL      54.21  
02/18      ~~SXM\*SIRIUSXM.COM/ACCT 888-635-5144 NY~~      ~~9.61~~  
02/23      GOURMETGIFTBASKETS.COM 603-606-5269 NH      158.88  
02/25      Amazon.com\*RZ24M2X20 Amzn.com/bill WA      10.49  
Order Number 113-1031706-5116220  
02/24      ABC FINE WINE/SPIRITS 56 MIRAMAR FL      52.32  
03/01      Amazon.com\*RZ3DN9XM2 Amzn.com/bill WA      14.33  
Order Number 113-5127973-9755457  
03/04      TEMU.COM 130-248-0611 MA      8.63  
03/04      Amazon.com\*RN2GR8B30 Amzn.com/bill WA      6.97  
Order Number 113-0997988-0593860  
03/06      APPLE.COM/BILL 866-712-7753 CA      .99  
03/06      TEMU.COM 130-248-0611 MA      12.58  
03/09      CHEWY.COM 800-672-4399 FL      59.50  
03/11      Amazon.com\*RNOLTOM51 Amzn.com/bill WA      32.08  
Order Number 113-1974526-3429829

#### 2024 Totals Year-to-Date

Total fees charged in 2024      \$6.28  
Total interest charged in 2024      \$20.58

Year-to-date totals do not reflect any fee or interest refunds  
you may have received.

## MY CHASE PLAN SUMMARY

| Description                            | Plan Start Date | Original Principal | Total Payments | Remaining Principal | Remaining Payments | Monthly Principal | Monthly Fee | Payment Due   |
|--|-----------------|--------------------|----------------|---------------------|--------------------|-------------------|-------------|---------------|
| LOWES #00907*                          | 12/08/2023      | \$622.43           | 6              | \$0.00              | 0                  | \$0.00            | \$0.00      | \$0.00        |
| <b>PLAN TOTALS</b>                     |                 | \$622.43           |                | \$0.00              |                    | \$0.00            | \$0.00      | \$0.00        |
| <b>TOTAL MY CHASE PLAN PAYMENT DUE</b> |                 |                    |                |                     |                    |                   |             | <b>\$0.00</b> |

This amount is included in both your Minimum Payment Due and Interest Saving Balance

## INTEREST CHARGES

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

| Balance Type             | Annual Percentage Rate (APR) | Balance Subject To Interest Rate | Interest Charges |
|--------------------------|------------------------------|----------------------------------|------------------|
| <b>PURCHASES</b>         |                              |                                  |                  |
| Purchases                | 19.49%(v)(d)                 | - 0 -                            | - 0 -            |
| <b>CASH ADVANCES</b>     |                              |                                  |                  |
| Cash Advances            | 29.99%(v)(d)                 | - 0 -                            | - 0 -            |
| <b>BALANCE TRANSFERS</b> |                              |                                  |                  |
| Balance Transfers        | 19.49%(v)(d)                 | - 0 -                            | - 0 -            |

29 Days in Billing Period

(v) = Variable Rate

(d) = Daily Balance Method (including new transactions)

(a) = Average Daily Balance Method (including new transactions)

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

## SHOP WITH POINTS ACTIVITY

Split Transaction

Date of Transaction      Merchant Name or Transaction Description      \$ Amount      Rewards

### PURCHASES AND REDEMPTIONS

## WARRANT NO. 249

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO:            FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>  | <u>AMOUNTS</u>     |
|--|--------------------|
| Southern Actuarial Services (Actuarial valuation/Benefit Statements) | \$ 8,000.00        |
| Southern Actuarial Services (DROP Statement)                         | \$ 225.00          |
| First State (4 <sup>th</sup> QTR Custodial Fees)                     | \$ 1,549.31        |
| <b>TOTAL:</b>  | <b>\$ 9,774.31</b> |



Trustee



Trustee



Post Office Box 888343  
Atlanta, Georgia 30356-0343  
Telephone 770.392.0980  
Facsimile 770.392.2193

Town of Golden Beach  
Employees' Pension Plan  
c/o Ms. Lauri Patterson  
3810 Inverrary Boulevard, Suite 303  
Lauderhill, FL 33319

# INVOICE

**INVOICE NO:** 745-0224  
**DATE:** February 6, 2024  
**PAYMENT DUE BY:** March 7, 2024

| PROJECT   | DESCRIPTION  | FEE             |
|-----------|--|-----------------|
| 745-35    | December 31, 2023 DROP statements, submitted<br>January 25, 2024 | \$225.00        |
| TOTAL DUE |  | <b>\$225.00</b> |

Please remit the total amount shown above on or before the payment due date.  
Clients that submit payment in a timely manner will be given priority over clients  
who owe past due amounts.

Please make all checks payable to Southern Actuarial Services Company, Inc.  
If you have any questions concerning this invoice, please call (770) 392-0980.

*WE APPRECIATE YOUR BUSINESS!*



Post Office Box 888343  
Atlanta, Georgia 30356-0343  
Telephone 770.392.0980  
Facsimile 770.392.2193

Town of Golden Beach  
Employees' Pension Plan  
c/o Ms. Lauri Patterson  
3810 Inverrary Boulevard, Suite 303  
Lauderhill, FL 33319

# INVOICE

INVOICE NO: 745-0224a  
DATE: February 6, 2024  
PAYMENT DUE BY: **March 7, 2024**

| PROJECT   | DESCRIPTION   | FEE               |
|-----------|---|-------------------|
| 745-36    | Actuarial valuation and individual benefit statements as of October 1, 2023, submitted February 5, 2024 | \$8,000.00        |
| TOTAL DUE |   | <b>\$8,000.00</b> |

Please remit the total amount shown above on or before the payment due date.  
Clients that submit payment in a timely manner will be given priority over clients  
who owe past due amounts.

Please make all checks payable to Southern Actuarial Services Company, Inc.  
If you have any questions concerning this invoice, please call (770) 392-0980.

*WE APPRECIATE YOUR BUSINESS!*



Town of Golden Beach Gen EE's PP-Dep

**INVOICE**

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 1/4/2024

**Quarterly Asset-Based Fee**

Frequency 10/01/2023 to 12/31/2023

**Fee Detail**

Total market value : 14,637,273.94  
Less Market Value : 0.00  
Net Market Value : 14,637,273.94

**Total Annual Fee:** 1,829.66

**PRORATION**

| Account  | Type | Market Value | Percentage | Annualized Fee | Quarterly Fee |
|----------|------|--------------|------------|----------------|---------------|
| 70000572 | Main |              |            |                | 1318.81       |

**Market Value Invoice Amount: 1,318.81**

**New ACH Payment Option for 2023**

From the First State Trust Company website-[www.fs-trust.com](http://www.fs-trust.com)

Click Login and then click the Initiate ACH payments

Please specify Payment Type- 01- Invoice

Please add any necessary info in the comment section

**Questions? Please call your FSTC Administrator at (302) 573-5816**

**Administrator : Jim Robinson**

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537  
Unpaid invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.

1,318.81 +  
150.50 +  
20.00 +  
50.00 +  
10.00 +  
1,549.31 G+



Town of Golden Beach Gen EE's PP-C/D

**INVOICE**

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 1/8/2024

Activity Fee Schedule : Pension Transaction - \$1.75

From Date : 9/30/2023

Frequency : Quarterly

Number of Free Transactions : 0

To Date : 12/31/2023

**Calculation**

**86 Disbursement of Cash**

1.75 On the First 86

150.50

**Activity Fee Invoice Amount :**

**150.50**

**New ACH Payment Option for 2023**

From the First State Trust Company website- [www.fs-trust.com](http://www.fs-trust.com)

Click Login and then click the Initiate ACH payments

Please specify Payment Type- 01-Invoice

Please add any necessary info in the comment section

Questions? Please call your FSTC Administrator at (302) 573-5816

Administrator: Jim Robinson

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Town of Golden Beach Gen EE's PP-C/D

**INVOICE**

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 1/8/2024

Activity Fee Schedule : Wire Request Charge - \$10.00

From Date : 9/30/2023

Frequency : Quarterly

Number of Free Transactions : 0

To Date : 12/31/2023

**Calculation**

**2 Disbursement of Cash**

10.00 On the First 2

20.00

**Activity Fee Invoice Amount :**

**20.00**

**New ACH Payment Option for 2023**

From the First State Trust Company website- [www.fs-trust.com](http://www.fs-trust.com)

Click Login and then click the Initiate ACH payments

Please specify Payment Type- 01-Invoice

Please add any necessary info in the comment section

Questions? Please call your FSTC Administrator at (302) 573-5816

Administrator: Jim Robinson

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537

Unpaid Invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.



Town of Golden Beach Gen EE's PP-C/D

**INVOICE**

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 1/8/2024

Activity Fee Schedule : Loans/Payment of Plan Expense \$5.00  
Frequency : Quarterly Number of Free Transactions : 0

From Date : 9/30/2023  
To Date : 12/31/2023

**Calculation**

|                                       |   |              |
|---------------------------------------|---|--------------|
| <b>3 Disbursement of Cash</b>         |   |              |
| 5.00 On the First                     | 3 | 15.00        |
| <b>7 Disbursement of Cash - Check</b> |   |              |
| 5.00 On the First                     | 7 | 35.00        |
| <b>Activity Fee Invoice Amount :</b>  |   | <b>50.00</b> |



**New ACH Payment Option for 2023**

From the First State Trust Company website- [www.fs-trust.com](http://www.fs-trust.com)  
Click Login and then click the Initiate ACH payments  
Please specify Payment Type- 01-Invoice  
Please add any necessary info in the comment section

Questions? Please call your FSTC Administrator at (302) 573-5816

Administrator: Jim Robinson

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537  
Unpaid invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.



Town of Golden Beach Gen EE's PP-C/D

**INVOICE**

Town of Golden Beach General EE's  
Attn: Pete Prior c/o Benefits USA  
USA 3810 Inverrary Blvd, Suite 303  
Lauderhill, FL 33319

Today's Date: 1/8/2024

Activity Fee Schedule : Lump Sum Transaction - \$10.00

From Date : 9/30/2023

Frequency : Quarterly

Number of Free Transactions : 0

To Date : 12/31/2023

**Calculation**

**1 Disbursement of Cash - Check**

10.00 On the First 1

10.00

**Activity Fee Invoice Amount :**

**10.00**

**New ACH Payment Option for 2023**

From the First State Trust Company website- [www.fs-trust.com](http://www.fs-trust.com)

Click Login and then click the Initiate ACH payments

Please specify Payment Type- 01-Invoice

Please add any necessary info in the comment section

Questions? Please call your FSTC Administrator at (302) 573-5816

Administrator: Jim Robinson

If you would like to mail a check- please send to First State Trust Co. PO Box 7537 Wilmington, DE 19803-0537

Unpaid invoices will result in the debiting of accounts. If you wish to pre-pay the fee and avoid the automatic debit, please send a check for the total fee amount along with a copy of this page. Checks sent to any other address will result in a processing delay and could result in the automatic debit taking place.

## WARRANT NO. 248

For payment from the GOLDEN BEACH GENERAL EMPLOYEES  
PENSION FUND, Account# 676-90335-1-2-229

TO:            FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

| <u>NAME &amp; ADDRESS</u>   | <u>AMOUNTS</u>     |
|---|--------------------|
| <b>Sugarman, Susskind, Braswell &amp; Herrera (Legal Fee; February)</b> | <b>\$ 1,500.00</b> |
| <b>Keefe McCullough (Progress Billing through January 2024)</b>         | <b>\$ 4,100.00</b> |
| <b>Benefits USA (Administration Fee; February)</b>                      | <b>\$ 1,250.00</b> |
| <b>Benefits USA (Bookkeeping Fee; February)</b>                         | <b>\$ 250.00</b>   |
| <b>TOTAL:</b>   | <b>\$ 7,100.00</b> |

\_\_\_\_\_  
Trustee

  
\_\_\_\_\_  
Trustee

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| <b>Benefits USA (Bookkeeping Fee; February)</b>                         | <b>\$ 250.00</b>   |
| <b>TOTAL:</b>   | <b>\$ 7,100.00</b> |

  
\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

# SUGARMAN, SUSSKIND, BRASWELL & HERRERA, P.A.

150 Alhambra Circle  
Suite 725  
Coral Gables, Florida 33134  
Telephone: 305-529-2801  
Fax: 305-447-8115  
www.sugarmansusskind.com

Town of Golden Beach Pension Board  
Benefits USA, Inc.  
3810 Inverrary Boulevard  
Suite 303  
Lauderhill, FL 33319

February 12, 2024

Invoice # 185486

---

Client: Matter GBPP: MEET

In Reference To: Meeting

---

## Professional Services

|  | <u>Hrs/Rate</u>     | <u>Amount</u> |
|--|---------------------|---------------|
| 1/26/2024 Attend meeting. Prepare for meeting. | 2.00<br>\$300.00/hr | NO CHARGE     |
| For professional services rendered             | 2.00                | \$0.00        |
| Balance due                                    |                     | \$0.00        |

---

Client: Matter GBPP: MISC

In Reference To: Miscellaneous

---

## Professional Services

|                                    | <u>Hrs/Rate</u>     | <u>Amount</u> |
|------------------------------------|---------------------|---------------|
| 1/22/2024 Review and edit minutes. | 0.80<br>\$300.00/hr | NO CHARGE     |
| For professional services rendered | 0.80                | \$0.00        |
| Balance due                        |                     | \$0.00        |



**Retirement Plan for Employees of the Town of Golden Beach**  
**c/o: Benefits USA 3810 Inverrary Boulevard, #303**  
**Lauderhill, FL 33319**

**Statement Date 01/31/2024**

Statement of Account Balance

This is not an Invoice

|         | <b>Date</b> | <b>Description</b>     | <b>Charge</b> | <b>Credit</b> | <b>Balance</b>  |
|---------|-------------|------------------------|---------------|---------------|-----------------|
|         |             | Balance Forward        |               |               | 5,890.00        |
| 2137329 | 01/23/2024  | Invoice                | 4,100.00      |               | 9,990.00        |
|         |             | <b>Current Balance</b> |               | <b>\$</b>     | <b>9,990.00</b> |

*pd  
Warrant  
2/1/24*

| 0 - 30   | 31 - 60  | 61 - 90 | 91 - 120 | Over 120 | Balance     |
|----------|----------|---------|----------|----------|-------------|
| 4,100.00 | 5,890.00 | 0.00    | 0.00     | 0.00     | \$ 9,990.00 |



*Retirement Plan for Employees of the Town of Golden Beach*  
*c/o: Benefits USA 3810 Inverrary Boulevard, #303*  
*Lauderhill, FL 33319*

*Invoice No. 2137329*  
*Date 01/23/2024*

---

Final billing for services through January 2024 including:

Audit of the Plan's financial statements as of and for the year  
ended September 30, 2023.

\$ 4,100.00

**TOWN OF GOLDEN BEACH EMPLOYEES PENSION PLAN**

**APPLICATION FOR  
DEFERRED RETIREMENT OPTION PLAN PROGRAM (DROP)**

**DROP APPLICATION PACKAGE**

# **Town of Golden Beach Employees' Pension Plan**

## **Index**

|   | <b>Pages</b> |
|---|--------------|
| Application for Deferred Retirement Option Program (DROP) .....   | 1            |
| Election to Participate in DROP and Information Checklist<br>for the Review of DROP Program Information ..... | 2            |
| Affidavit Regarding Marital Status .....  | 6            |
| Age Discrimination in Employment Act Notice .....   | 7            |

**GOLDEN BEACH EMPLOYEES PENSION PLAN  
APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN PROGRAM (DROP)**

Name: \_\_\_\_\_ SSN: xxx-xx- \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Employment Date: \_\_\_\_\_ DROP Entry Date: \_\_\_\_\_  
DROP Termination Date: \_\_\_\_\_  
  
Spouse's Name: \_\_\_\_\_ SSN: xxx-xx- \_\_\_\_\_ Birth Date: \_\_\_\_\_

I elect to participate in the DROP in accordance with the provisions of Chapter 24-41, Article 2, Division 1 of the Town of Golden Beach Employees' Pension Plan ("Pension Plan") and to terminate my employment on the date I terminate my participation in the DROP. I understand that the earliest date my participation in the DROP can begin is the first day of the month after I reach my Normal Retirement Date, defined as the earlier of either: the attainment of 25 years of credited service and age fifty-five (55); or the attainment of age 65; or when I reach my Early Retirement Date of ten (10) years of Credited Service and the attainment of age fifty-five (55). I also understand that my DROP participation cannot exceed a maximum of thirty-six (36) months from the earliest date of eligibility, although I may elect to participate in DROP for less than thirty-six (36) months. Participation in the DROP does not guarantee my employment for the DROP period. I understand that when my participation in the DROP begins, my DROP benefit will be based upon the years of service and compensation levels as of the date of DROP participation. Such DROP benefits shall accrue under my name with any applicable earnings for the duration of my DROP participation. I understand that my DROP account balance will be credited or debited, as appropriate, with investment earnings or losses at a rate equal to the Pension Fund's actual investment return, net of investment expenses. To compensate the Pension Plan for the expense of operating and administering the DROP, my DROP account will be charged an administrative fee as set by the Board of Trustees periodically. Upon termination of my employment and DROP participation, I must elect one of the optional methods of payment within thirty (30) days of termination. If I do not make an election of one of the optional methods of payment within the thirty (30) day period, the Pension Plan will pay directly to me the accrued DROP benefits in a lump sum, less applicable taxes and/or penalties. I understand that I cannot add additional service or purchase additional service after my DROP participation has begun. I understand that after DROP entry, I am no longer eligible for disability or preretirement death benefits. **I also understand that my election to participate in DROP is irrevocable** and termination from employment with the Town of Golden Beach and DROP participation must occur on or prior to the specified DROP termination date. I also understand that this application represents a binding agreement to participate in DROP and to terminate employment once fully executed upon the approval of the Board of Pension Trustees. However, until such time as this application is approved by the Board of Pension Trustees, I may cancel the effectiveness of this application upon delivery of a written request for such cancellation. In addition to the foregoing representations and acknowledgments, I hereby acknowledge that I have read and understand each of the statements and all of the materials contained in the following documents and agree to the provisions contained herein:

1. Election to Participate in DROP and information checklist for review of DROP Program information.
2. DROP provisions contained in Chapter 24-41, Article 2, Division 1 of the Pension Plan.

**TOWN OF GOLDEN BEACH EMPLOYEES PENSION PLAN**  
**Election to Participate in DROP and**  
**Information Checklist for the Review of DROP Program Information**

Name: \_\_\_\_\_

SSN# xxx-xx-

If you are a Member of the Town of Golden Beach Employees' Pension Plan and have the service necessary to be eligible for time service retirement, you may elect to participate in DROP.

If you elect to participate in DROP, you must terminate your employment with the Town of Golden Beach and retire from service no later than the end of the DROP participation period you designate. There is a cap on your participation in DROP. You may not participate in DROP for a period longer than thirty-six (36) months from the earliest date of eligibility. Your election to participate in DROP and your agreement to terminate employment and retire are IRREVOCABLE.

Your election to participate in DROP and your agreement to retire and terminate from employment are irrevocable regardless of what may happen between now and your retirement date. For example, if you elect to participate in DROP and your family circumstances change such that you would rather continue working as an Employee, you still must retire and terminate employment at the end of the period of time you designated for your participation in DROP.

You should consider an election to participate in DROP very carefully. This election to participate and information checklist is designed to help you think carefully about your decision to participate in DROP. A written election to participate in the DROP is a requirement of DROP participation. This document asks you specific questions to provide assurances to the Board of Pension Trustees that you have in fact carefully considered your decision to participate in DROP and understand the consequences of that decision.

Please take the information contained in this document seriously. If anything is unclear, please talk to the Pension Administrator for clarification.

The acknowledgments requested on the following pages are important because they demonstrate that you have carefully considered your election to participate in DROP.

By providing an initial on each page and by signing this election form, I acknowledge the following:

**General Statements and Acknowledgments**

I have read and understand the provisions of the DROP ordinance which sets forth the terms and conditions for participation in DROP.

I have had the opportunity to meet with the Pension Plan Administrator and ask questions regarding the operation of DROP and its effect on my benefits under the Pension Plan, as well as any potential benefit that may be received by my survivors under the Pension Plan.

I have had the opportunity to seek advice from a professional tax advisor, and understand that the

\_\_\_\_\_  
Initial

administrative staff of the Pension Office, although providing some general information, cannot and has not rendered legal advice to me on the effect DROP will or may have on the taxation of any benefit I may receive under the Pension Plan, or any potential benefit that may be received by my survivors under the Pension Plan.

I understand that upon the effective date of my participation in DROP, my obligation to make contributions to the Pension Plan will be eliminated.

I understand that upon the effective date of my participation in the DROP, I will no longer be eligible for disability or pre-retirement death benefits.

I will retire under the Pension Plan and terminate my employment with the Town no later than completion of my DROP participation period.

I will abide by the terms and conditions of DROP and comply with the administrative rules established by the Board of Pension Trustees.

I have not been subject to any pressure, coercion, intimidation or threats by the Town, or the Pension Board of Trustees or any of the agents of the foregoing in connection with my election to participate in DROP.

I have had sufficient time to consider my options regarding my employment with the Town.

I understand my election to participate in DROP means I will retire and terminate my employment with the Town no later than the period of time I designate to participate in DROP.

I further understand there is a maximum period of thirty-six (36) months from the earliest date of eligibility for participation in DROP.

I understand my election to participate in DROP has very important consequences for me. I have been advised by the Pension Board to consult an advisor such as an accountant or an attorney of my choosing if I have any questions about my participation in DROP.

I understand that DROP participation has very important consequences for me and is legally binding on me. I have been advised by the Pension Board to consult an attorney of my choosing if I have any questions about the DROP and the execution of any document related thereto.

I understand that my DROP account balance will be credited or debited, as appropriate, with investment earnings or losses at a rate equal to the Pension Fund's actual investment return, net of investment expenses.

To compensate the Pension Plan for the expense of operating and administering the DROP, my DROP account will be charged an administrative fee as set forth by the Board of Trustees periodically.

I understand that I may withdraw my DROP application at any time before the Board of Pension Trustees approves the application. I further understand that my request to withdraw must be made in writing and received by the Trustees prior to its approval, and that once acted upon by the Trustees, the irrevocability of my DROP participation is in effect.

I understand that the beginning date of the DROP period will be the first day of the month subsequent to

the date this election form is received and accepted by action of the Board of Pension Trustees.

I understand that my retirement benefits as calculated under the terms of the Pension Plan will be determined as of the effective date of my participation in DROP. I also understand that as a consequence of my election to participate in DROP, the following will apply as of and after the effective date of my DROP participation:

- My eligibility for future negotiated pension benefits will be determined as of the effective date of my participation in DROP (unless otherwise provided);
- I will forgo any otherwise applicable additional improvements in my retirement pension attributable to increase in pay or years of service with the Town unless otherwise provided;
- As of the effective date of my participation in DROP, I will be ineligible to receive a disability pension under the terms of the Pension Plan.
- As of the effective date of my participation in DROP, I will not be eligible for death benefits that may otherwise be available to active employees.
- In the event of my death, my designated beneficiary or estate is entitled to receive the accumulated value of my DROP account; and

I understand that steps have been taken to structure the DROP in a way which complies with the provisions of the Internal Revenue Code and that the Board will not knowingly take any action which may jeopardize the qualified status of the Pension Plan. I further understand that the final authority in all matters is the Internal Revenue Service. The Board cannot guarantee, absent IRS approval, any particular tax treatment of my DROP account. I understand that in order to address the goal of continued tax qualification, my DROP account must be administered and distributed in such a manner as to comply with IRS regulations so as to preserve the tax qualified status of the Pension Plan. I further understand that this means that if IRS procedures change, that the Board may have to make certain changes in the DROP plan to comply with those tax requirements.

Upon termination of my employment and DROP, I understand that I must elect one of the following methods of payment within thirty (30) days of termination:

1. Single Lump Sum.
2. Direct Rollover (as permitted by the Internal Revenue Code).

I also understand that if I fail to elect a method of payment within thirty (30) days of termination of the DROP, the Board will pay directly to me the accrued benefits in a lump sum, less applicable taxes and/or penalties.

I understand that any form of payment that I select must comply with the minimum distribution requirements per Section 401(a)(9) of the Internal Revenue Code.

#### **Waiver**

I release the Town and the Board of Pension Trustees from any and all claims based on my election to participate in DROP and my agreement to retire and terminate my employment with the Town upon completion of my participation in DROP. I release the Town and the Board of Pension Trustees from any

and all such claims under the Florida and Federal Age Discrimination in Employment laws and Civil Rights laws as these laws relate to my participation in DROP and my agreement to terminate employment with the Town upon the completion of my participation in DROP.

**Covenant Not to Sue**

I will not sue the Town or the Board of Pension Trustees or their employees, officers and agents for any claim arising out of my election to participate in DROP, my participation in DROP or my decision to retire and terminate Town employment upon the completion of my participation in DROP.

**Acknowledgment**

I acknowledge receipt of this Election to Participate Form. By signing this form, I am acknowledging that I have carefully read this form and that I understand the Election Form. In addition, I am acknowledging that I do not challenge or disagree with any of the representations or statements made in this Election Form and that I have signed my name voluntarily. I further acknowledge that the initials located in the bottom left corner of the pages of this application are my initials.

NOTE: An Election Form will be deemed not received if it is incomplete or submitted without an Application for DROP Participation.

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

Date: \_\_\_\_\_

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

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(name of person acknowledging), who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ (type of identification) as identification and who did ☐ / did not ☐ take an oath.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)  
\_\_\_\_\_  
(Printed Name of Notary)

This application was approved by the Board of Pension Trustees at their meeting of: \_\_\_\_\_  
for enrollment as a DROP participant effective on \_\_\_\_\_ with \_\_\_\_\_ DROP  
participation continuing until \_\_\_\_\_, at which time DROP participation shall cease and  
employment shall terminate.

\_\_\_\_\_  
Plan Administrator  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Initial

## AFFIDAVIT REGARDING MARITAL STATUS

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, hereby depose and state as follows:

I am a member of the Town of Golden Beach Employees' Pension Fund applying for benefits or a refund of contributions from the Pension Fund.

### INITIAL THE APPLICABLE BOX BELOW.

- ☐ I have been involved in divorce proceedings and hereby represent that I have attached a copy of all divorce decrees, property settlement agreements, income deduction orders and child support orders concerning my divorce.
- ☐ At the time of submission of this application, I affirm that I have never been divorced and am not subject to any divorce decrees, property settlement agreements, income deduction orders or court-ordered child support awards.

### FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
MEMBER

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(name of person acknowledging), who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ (type of identification) as identification and who did ☐ / did not ☐ take an oath.

My Commission Expires:

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Printed Name of Notary)

**NOTE: Florida law provides, pursuant to Florida Statutes, §185.185, that it is a crime to knowingly submit false or misleading information to obtain a pension benefit or to otherwise conceal material information from the Pension Board. Upon conviction, the Pension Board has the discretion to forfeit "any and all benefits."**

## AGE DISCRIMINATION IN EMPLOYMENT ACT

### NOTICE

I acknowledge that I have been given not less than 45 days advance notice of program availability in which to consider participation in the DROP plan and was provided at least 7 days following the submittal of the DROP application in which to revoke my application.

Acknowledgment of Notice:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee SSN#

## Lauri Patterson

---

**From:** sandie@umi91.com (Sandie Kyser) <sandie@umi91.com>  
**Sent:** Wednesday, May 15, 2024 12:54 PM  
**To:** Lauri Patterson  
**Subject:** Retirement Plan for General Employees of the Town of Golden Beach, Fiduciary Policy #MGL 0016437-05 - Renewal Quote  
**Attachments:** Markel Renewal Quote with Specimen Endorsements.pdf

Good Afternoon Lauri,

The above referenced Fiduciary Policy expires June 5, 2024. Attached you will find a renewal quote from Markel American Insurance Company (Rated "A" by A.M. Best, Admitted) through Ullico Casualty Group.

Changes from expiring;

- \* The State of Florida has decreased the surcharges to fund the Florida Insurance Guaranty Association (\*FIGA) from 2%, to 1% of the total premium.
- \* Markel's Renewal Guarantee Endorsement, No. GOV-004(03/21), is added for the 2024-2025 policy term, which means that if conditions under the endorsement are met (no claims, no mergers, etc.), the Base Premium will remain the same at renewal in 2025, and an application and financials will not be required. A Specimen of the endorsement is included in the quote attachment.

Otherwise, Coverage is quoted the same as expiring. Under the Markel Form; Waiver of Recourse is included for Trustees at no additional premium, and in the event of a claim Trustees have the option of choosing their own Counsel (subject to approval by Markel).

The annual premium is \$2,677.51 (\$2,651.00 Base Premium + \$26.51 \*FIGA Surcharges). The Base Premium is \$15.00 lower than expiring.

If you would like to renew the policy, please confirm via response to this email. If you have any questions, please don't hesitate to contact me.

-As always, we at United Members appreciate your business!

Sincerely,  
Sandie Kyser, Account Executive  
United Members Insurance (UMI)  
A Union Agency that Understands & Cares  
Direct Line: 813-265-2310  
Phone: 800-940-5432, ext. 208  
Email: sandie@umi91.com  
6826 W. Linebaugh Avenue  
Tampa, FL 33625

-----Original Message-----

From: Lauri Patterson <lauri@benefits-usa.org>  
Sent: Wednesday, May 8, 2024 12:45 PM  
To: Sandie Kyser <sandie@umi91.com>  
Subject: Emailing: Fiduciary Liab. App. Signed GB

Good afternoon Sandie,

Please find the signed Application for GB. We have a Board meeting on May 22, 2024 which I can get the invoice approved.

If you have any questions, please feel free to contact me.

Kind regards,

Lauri

Your message is ready to be sent with the following file or link attachments:

Fiduciary Liab. App. Signed GB

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



**ULLICO ORGANIZED LABOR PROTECTION GROUP, LLC**

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principal office is: 1625 Eye Street NW, Washington, DC 20006

**Insurance Quote Proposal  
Governmental Liability Insurance**

**Date Issued:** 05/15/2024

**Quote Number:** MGL 0016437-06

---

|   |  |
|---|--|
| <b>Renewal of:</b>                          | MGL 0016437-05   |
| <b>Insurance Carrier:</b>                   | Markel American Insurance Company  |
| <b>Coverage:</b>                            | Governmental Fiduciary Liability Insurance Claims Made Policy Form GOV-1000 (11/2014), Claims Expenses Inclusive               |
| <b>Insurance Representative:</b>            | <b>Ullico Casualty Group, LLC</b><br>8403 Colesville Road, 13 <sup>th</sup> Floor<br>Silver Spring, MD 20910                   |
| <b>Producer:</b><br><b>Address:</b>         | United Members Insurance, Inc.<br>6826 Linebaugh Avenue<br>Tampa, FL 33625   |
| <b>Plan or Trust(s):</b><br><b>Address:</b> | Retirement Plan for General Employees of the Town of Golden Beach<br>3810 Inverrary Blvd.<br>Suite 303<br>Lauderhill, FL 33319 |
| <b>Policy Period:</b>                       | 06/05/2024 to 06/05/2025   |
| <b>Prior &amp; Pending Litigation Date:</b> | 06/05/2004   |

**Option #1:**

|                                |                |  |
|--------------------------------|----------------|--|
| <b>Limits of Liability:</b>    | \$1,000,000.00 | <b>Aggregate Limit of Liability for all Loss</b> |
| <b>Self-Insured Retention:</b> | \$0.00         | <b>each Claim</b>                                |

|                 |            |                     |
|-----------------|------------|---------------------|
| <b>Premium:</b> | \$2,651.00 | <b>Base Premium</b> |
|-----------------|------------|---------------------|

GOV-1000-Q (03/2021)

|            |                            |
|------------|----------------------------|
| \$0.00     | Waiver of Recourse Premium |
| \$26.51    | Applicable Taxes/Fees      |
| \$2,677.51 | Total Premium              |

**COVERAGE EXTENSIONS:**

\$200,000.00

Sub-Limit of Liability for all **Voluntary Compliance Program Expenditures** (included within and not in addition to the maximum **Aggregate Limit of Liability** set forth in Item 04(a) of the **Policy Certificate**.

**COVERAGE DETAILS:**

- Trustee Claim Expense
 

|             |           |
|-------------|-----------|
| \$1,000,000 | Sub-Limit |
| \$0         | Retention |

**THE FOLLOWING ENDORSEMENT(S) WILL ATTACH TO THE POLICY:**

**END NO./REF NO.**

1. MIL 1214 (09/17)
2. TRIA (06/15)
3. GOV-FL (06/15)
4. GOV-003 (05/19)
5. GOV-004 (03/21)
6. GOV-007 (05/19)
7. GOV-054 (05/16)

**ENDORSEMENT**

Trade or Economic Sanctions  
 Cap on Losses From Certified Acts of Terrorism  
 Florida Amendatory Endorsement  
 Removal of Statutory Indemnification Endorsement  
 Renewal Guarantee  
 Trustee Claims Expense Endorsement  
 Modification Endorsement

**CONDITIONS/COVERAGE SUBJECT TO:**

Nothing else required

This quotation is valid for a period of thirty (30) days from the **Issue Date** shown above unless amended or withdrawn by **Markel American Insurance Company (Insurer)**, with or without cause, prior to its acceptance and binding, and is subject to the terms and conditions of the policy(ies) to be issued. If the information supplied by the **Trust or Plan** in the application changes between the date of the application for this insurance and the **Effective Date** of the insurance or the time when the policy is bound (whichever is later), the Trust or Plan must immediately notify **Insurer** in writing of such changes and the **Insurer** may withdraw or amend any outstanding quotations based upon such changes.

*Ullico Organized Labor Protection Group, LLC is administered by Ullico Casualty Group, LLC, a/k/a Ullico Insurance Agency, LLC in CA. CA License #OH86030 and FL (Craig Arneson) License # A008437*



## **ULLICO ORGANIZED LABOR PROTECTION GROUP, LLC**

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and  
whose principal office is: 8403 Colesville Rd, Silver Spring, MD 20910

**Markel American Insurance Company**  
4521 Highwoods Parkway  
Glen Allen, VA 23060

## **RENEWAL BUSINESS APPLICATION**

### **Fiduciary Liability Claims-Made Policy**

#### **Important Information and Instructions:**

1. All questions must be answered fully and completely. Please type or print clearly in ink. If a question does not apply to the Trust or Plan, state "Not Applicable" or "N/A."
2. All information identified in Section H (Required Attachments) must be submitted with this application.
3. If a single policy is desired for more than one Trust or Plan, please submit a separate application for each Trust or Plan.
4. The policy for which application is made is written on a claims-made basis. The coverage afforded by this policy is limited to liability for only those claims first made during the policy period specified on the Policy Certificate resulting from wrongful acts and which are subsequently reported to the Insurer as soon as practicable. This is a policy with claims expenses included in the Limits of Liability. Please read the policy carefully.
5. Please submit application and all required attachments to your Producer/broker. ✓
6. Producer/broker, please submit application and all required attachments to:

**Ullico Casualty Group, Inc.\*\***  
8403 Colesville Road  
Silver Spring, MD 20910  
Phone: (888) 315-3352  
Fax: (202) 962-8853

## Renewal Application

### A. General Information

1. Name of Trust or Plan:

TOWN OF GARDEN BEACH  
PENSION PLAN

EIN Number(s):

State Trust or Plan is Domiciled:

FLORIDA

2. Address of Trust or Plan:

3810 Intercity Blvd #303

Telephone No.

954-930-2068

City:

LAUDERHILL

State:

FL

Zip:

33319

3. Producer/Broker:

4. Address of Producer/Broker:

Telephone No.

### B. Coverage Request

5. Renewal Effective Date:

6-5-2024  
Month Day Year

6. Requested Limits of Liability:

(Choose appropriate Limit(s))

| (X)                                 | Limit Each Claim/Aggregate Per Policy Period | (X)                      | Limit Each Claim/Aggregate Per Policy Period |
|-------------------------------------|--|--------------------------|--|
| <input type="checkbox"/>            | \$ 500,000 / \$ 500,000                      | <input type="checkbox"/> | \$ 8,000,000 / \$ 8,000,000                  |
| <input checked="" type="checkbox"/> | \$ 1,000,000 / \$ 1,000,000                  | <input type="checkbox"/> | \$ 9,000,000 / \$ 9,000,000                  |
| <input type="checkbox"/>            | \$ 2,000,000 / \$ 2,000,000                  | <input type="checkbox"/> | \$10,000,000 / \$10,000,000                  |
| <input type="checkbox"/>            | \$ 3,000,000 / \$ 3,000,000                  | <input type="checkbox"/> | \$11,000,000 / \$11,000,000                  |
| <input type="checkbox"/>            | \$ 4,000,000 / \$ 4,000,000                  | <input type="checkbox"/> | \$12,000,000 / \$12,000,000                  |
| <input type="checkbox"/>            | \$ 5,000,000 / \$ 5,000,000                  | <input type="checkbox"/> | \$13,000,000 / \$13,000,000                  |
| <input type="checkbox"/>            | \$ 6,000,000 / \$ 6,000,000                  | <input type="checkbox"/> | \$14,000,000 / \$14,000,000                  |
| <input type="checkbox"/>            | \$ 7,000,000 / \$ 7,000,000                  | <input type="checkbox"/> | \$15,000,000 / \$15,000,000                  |

### C. Trust or Plan Information and Management

7. Provide total number of present Trustees and any employees of the Trust or Plan:

Trustees (including signatory to this application):

Employees (including inside administrators and all administrative/clerical staff):

5  
1

8. In the past year has the name of the Trust or Plan been changed?

YES  
☐

NO  
☒

9. In the past year has any other trust or plan merged with or been merged into the Trust or Plan or is any anticipated to be merged with or into the Trust or Plan in the next twelve (12) months?

☐

☒

10. In the past year has there been any Trust or Plan amendments or do you anticipate any Trust or Plan amendments that will result in a reduction in benefits?

☐

☒

11. Has the Trust or Plan been terminated or is termination anticipated in the next 12 months?

☐

☒

**NOTE: If you answer YES to questions 8-11 above, you must provide a detailed, written narrative and pertinent documentation.**

YES

NO

12. Does the Trust or Plan have current coverage under an ERISA fidelity bond?

If **no**, please explain (attach additional pages as needed): \_\_\_\_\_

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

13. Have changes been made in any of the below service providers during the past year (1):

- a. Third Party Administrator
- b. Consultant/Actuary
- c. Legal Counsel
- d. Certified Public Accountant
- e. Custodian of Assets
- f. Investment Consultant/Manager

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If **yes**, please provide details, including the name of the provider and years of service (attach additional pages as needed): \_\_\_\_\_

14. Does the Trust or Plan have a service agreement with any other trust(s) or plan(s) to provide or receive services of any kind (for example administrative, or collections/collection services)?

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

15. Does the Trust or Plan have a service agreement with a third party networking provider or cloud service to store Personally Identifiable Information?

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

If **no**, and the Trust or Plan uses these services please provide a detailed, written narrative and pertinent documentation of the type of service

16. Does the Trust or Plan have a security plan or procedures for mobile devices (e.g. laptops, USB flash drive, mobile phones, etc.) that contain Personally Identifiable Information?

|                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

N/A

**D. Employment Practices Liability Coverage** (Complete Section D. found in Addendum A only if this coverage is desired)

**E. Professional Services Liability** (Services provided for or to a Third Party, or services for which a Trust or Plan receives compensation or remuneration of any kind)

(Complete Section E. found in Addendum A only if this coverage is desired)

**F. Joint Apprenticeship Training Committee** (Complete Section F. found in Addendum A only if this coverage is desired)

**G. Cyber Liability – Third Party Liability for Data Loss – Personal Injury Electronic Media Professional Liability arising out of Technical Professional Services** (Complete Section G. found in Addendum A only if this coverage is desired)

#### H. Required Attachments

Provide the following material with respect to the Trust or Plan:

- 1. Latest CPA audited annual financial statement (including investment schedule/portfolio).
- 2. Latest IRS Form 5500 (or 990) and all completed schedules.
- 3. Names and home addresses of Trustees of the Trust or Plan

Additional information may be requested based on specific applicant characteristics.

The undersigned represents, after inquiry, that to the best of his or her knowledge and belief the statements set forth herein are true, and he or she has not withheld any information which is reasonably likely to influence the judgment of Markel American Insurance Company in considering this application for fiduciary liability insurance. The undersigned further represents that if the information supplied by him or her on this application changes between the date of this application and the effective date of the insurance or the time when the policy is bound (whichever is later), the undersigned will immediately notify Markel American Insurance Company in writing of such changes and the insurer may withdraw or modify any outstanding quotations based upon such changes. The signing of this application does not bind the insurer to complete the insurance, but it is agreed that this application and any attachments form the basis of the contract should a policy be issued and shall be deemed attached to and form part of a policy. Markel American Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application it deems necessary.

✓ Signature of Trustee or Authorized Representative: 

Date: 5-8-2024

Print Name: ERIC FISHMAN

Title: CHAIRMAN

Email Address: ERFISHMAN@gmail.com

\*\*Ullico Organized Labor Protection Group, LLC is administered by Ullico Casualty Group, Inc., a/k/a Ullico Insurance Agency, Inc. in CA, and Ullico Casualty Agency in NY. CA License #OH86030 and FL (Craig Arneson) License # A008437.

## Lauri Patterson

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**From:** davidblock@bellsouth.net (david block) <davidblock@bellsouth.net>  
**Sent:** Thursday, April 18, 2024 4:15 PM  
**To:** Lauri Patterson  
**Cc:** PHerrera@sugarmansusskind.com  
**Subject:** New Business

I would like to insert an agenda item under new business: The New Form 1 disclosure requirements. The specifics to be discussed: 1. The elimination of the percentage basis for reporting; 2. The form must be e-filed; 3. Primary sources of income over \$2,500 must be reported (the dollar amount is not required just the source which provided the Trustee with \$2,500+); 4. The definition of primary source which includes, but is not limited to, income from employment, but also includes stock dividends, other interest earned, sales of property, sales of stocks: e.g., anything that fits the IRS definition of gross income. See CEO advisory opinion 11-11; 5. Intangible property over \$10,000, including the definition of intangible property: e.g., stocks, bank accounts, Florida pre-paid college accounts etc.; 6. Secondary sources of income, including but not limited to rental properties in Florida (out of state properties are excluded); 7. Creditors over \$10,000, excluding credit card debt; 8. Ownership (5%) in certain businesses; and the penalties for non-compliance. I believe there is active litigation on this issue, but the Florida courts have not ruled to enjoin this new form from going into effect.

RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOWN OF GOLDEN BEACH  
ONE GOLDEN BEACH DRIVE  
GOLDEN BEACH, FLORIDA 33160

January 26, 2024

Keefe McCullough  
Certified Public Accountants  
6550 North Federal Highway, Suite 410  
Ft. Lauderdale, FL 33308

Auditors:

This representation letter is provided in connection with your audit of the financial statements of the Retirement Plan for Employees of the Town of Golden Beach, a Pension Trust Fund of the Town of Golden Beach, Florida, (the "Plan"), which comprise the statement of plan net position as of September 30, 2023, and the related statement of changes in plan net position for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as limited to matters that are material. Items are considered material if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of the date of the auditor's report, the following representations made to you during your audit:

**Financial Statements**

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated October 13, 2024, including our responsibility for the preparation and fair presentation of the financial statements and note disclosures.
2. The financial statements referred to above are fairly presented in conformity with U.S. GAAP, and the notes include all disclosures required by laws and regulations to which the Plan is subject.
3. We acknowledge our responsibility for administering the plan and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error
5. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
6. The methods, significant assumptions, and data used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with U.S. GAAP. In addition, we believe that estimates are appropriate and consistent with the measurement processes used by management in determining accounting estimates; the assumptions appropriately reflect management's intent and ability to carry out specific courses of action; disclosures related to accounting estimates are complete and appropriate.

7. Related-party relationships and transactions and relationships and transactions have been appropriately accounted for and disclosed in accordance with U.S. GAAP, if applicable.
8. Adjustments or disclosures have been made for all events, including instances of noncompliance, subsequent to the date of the financial statements that would require adjustment to or disclosure in the financial statements.
9. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
10. Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
11. Material concentrations have been properly disclosed in accordance with U.S. GAAP.
12. Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
13. We agree with the adjusting journal entries you have proposed, and they have been posted to our records and accounts.

**Information Provided**

14. We have provided you with:
  - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
  - b. Additional information that you have requested from us for the purpose of the audit.
  - c. Unrestricted access to persons within the plan from whom you determined it necessary to obtain audit evidence.
  - d. Minutes of the meetings of plan or summaries of actions of recent meetings for which minutes have not yet been prepared
  - e. Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws, if any.
  - f. Actuarial reports prepared for the Plan and the Plan's sponsor during the year.
15. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
16. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
17. We have no knowledge of any fraud or suspected fraud that affects the Plan and involves -
  - a. Management,
  - b. Employees who have significant roles in internal control, or
  - c. Others where the fraud could have a material effect on the financial statements.

18. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
19. We have no knowledge of any instances of noncompliance or suspected noncompliance with provisions of laws, regulations, contracts, or grant agreements, or abuse, whose effects should be considered when preparing financial statements.
20. We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions, including side agreements.
21. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
22. We have identified to you any previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
23. The Plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
24. We have identified and disclosed to you all instances that have occurred or are likely to have occurred, of fraud and noncompliance with provisions of laws and regulations that we believe have a material effect on the financial statements or other financial data significant to the audit objectives, and any other instances that warrant the attention of those charged with governance, as applicable.
25. We have identified and disclosed to you all instances, which have occurred or are likely to have occurred, of noncompliance with provisions of contracts and grant agreements that we believe have a material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.
26. We have no-
  - a. Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
  - b. Intentions to terminate the plan.
27. Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.
28. As part of your audit, you assisted with preparation of the financial statements and disclosures. We acknowledge our responsibility as it relates to those non-audit services, including that we assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for the results of the services. We have reviewed, approved, and accepted responsibility for those financial statements and disclosures.

29. We have no knowledge of any omissions from the participants' data provided to the Plan's actuary for the purpose of determining the actuarial present value of accumulated plan benefit obligations and other actuarially determined amounts in the financial statements.
30. The Board of Trustees agrees with the actuarial methods and plan administrator agree with the actuarial assumptions used by the actuary for funding purposes and for determining the Plan's benefit obligations and has no knowledge or belief that such methods or assumptions are inappropriate in the circumstances. We did not give any instructions, nor cause any to be given, to the Plan's actuary with respect to values or amounts derived, and we are not aware of any matters that have impacted the independence or objectivity of the plan's actuary.
31. We have no knowledge of any changes in:
- a. The actuarial methods or assumptions used in calculating amounts recorded or disclosed in the financial statements.
  - b. Plan provisions between the actuarial valuation date and the date of this letter.
32. We believe that the plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan. The plan sponsor has operated the Plan in a manner that did not jeopardize this tax status.
33. We acknowledge our responsibility for presenting the required supplementary information (RSI). The methods of measurement and presentation of the supplemental schedules have not changed from those used in the prior period, and we have disclosed to you any significant assumptions and interpretations underlying the measurement and presentation of the RSI.
34. The methods and significant assumptions used to estimate fair values of financial instruments, including nonreadily marketable instruments at fair value, were derived from published market reports, or the Plan's Custodian's best estimated value appropriate for methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosures purposes.
35. All required filings of plan documents with the appropriate agencies have been made.

Very truly yours,

TOWN OF GOLDEN BEACH EMPLOYEES PENSION PLAN



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CHAIR, BOARD OF TRUSTEES

Eric B. Fishman

## Lauri Patterson

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**From:** ret.localretirementfilessubmission@dms.myflorida.com  
**Sent:** Friday, March 15, 2024 1:00 PM  
**To:** lauri@benefits-usa.org; mpf@dms.myflorida.com; stephen.bardin@dms.myflorida.com;  
keith.brinkman@dms.myflorida.com; julie.browning@dms.myflorida.com;  
karla.freitas@dms.myflorida.com  
**Subject:** New Police and Fire Submitted

LAUREL PATTERSON has submitted a new Police and Fire report for "GOLDEN BEACH [GP] - P ". The file can be viewed online at <https://frs.fl.gov/>.

## Lauri Patterson

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**From:** ret.localretirementfilessubmission@dms.myflorida.com  
**Sent:** Monday, May 13, 2024 4:03 PM  
**To:** lauri@benefits-usa.org; mpf@dms.myflorida.com; stephen.bardin@dms.myflorida.com; keith.brinkman@dms.myflorida.com; julie.browning@dms.myflorida.com; karla.freitas@dms.myflorida.com  
**Subject:** New Police and Fire Submitted

LAUREL PATTERSON has submitted a new Police and Fire report for "GOLDEN BEACH [GP] - P ". The file can be viewed online at <https://frs.fl.gov/>.