

AGENDA TOWN OF GOLDEN BEACH EMPLOYEES' PENSION PLAN

100 OCEAN BLVD. GOLDEN BEACH, FL 33160

3RD FLOOR CHAMBERS

August 28, 2024 3:00 p.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/87865356171?pwd=tw0Gdu7lF0gOP8ccuIcY2fPKFagwDl.1>

Meeting ID: 878 6535 6171

Passcode: 709207

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 May 22, 2024

III. RATIFICATION OF WARRANTS: Warrants No. 258 to 253

David Block (Registration Fee; Fall Trustee School)	\$ 850.00
Sugarman, Susskind, Braswell & Herrera (Legal Fees; August 2024)	\$ 1,500.00
Benefits USA (Administration Fee; August)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; August)	\$ 250.00
TOTAL:	\$ 3,850.00

First State Trust (Custodial Fees; 4/1- 6/30/2024)	\$ 1,548.88
Sugarman, Susskind, Braswell & Herrera (Legal Fees; May/July 2024)	\$ 3,000.00
Benefits USA (Administration Fee; July)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; July)	\$ 250.00
TOTAL:	\$ 6,048.88

Maria Camacho (Per diem for FPPTA Annual Conference)	\$ 320.00
Southern Actuarial Services (DROP Statement; Herbello, R)	\$ 275.00
Benefits USA (Administration Fee; June 2024)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; June 2024)	\$ 250.00
TOTAL:	\$ 2,095.00

David Block (Hotel, Tolls & mileage; FPPTA 1/28-1/30/2024)	\$ 1,003.89
TOTAL:	\$ 1,003.89

United Members Insurance (Fid. Liability Ins; 6/5-6/5/2025)	\$ 2,677.51
TOTAL:	\$ 2,677.51

IV. NEW BUSINESS:

a. Discussion on Citrin Cooperman formerly Keefe McCullough

V. OLD BUSINESS:

a. Revised DROP Application for General Employees

VI. REPORTS

a. Attorney

Posted August 21, 2024

- 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
May 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 3:16 p.m.

TRUSTEES PRESENT:

Chairperson Fishman, Trustee Camacho and Trustee Block

OTHER AVAILABLE BY TELEPHONE: Attorney Pedro Herrera and Richelle Cook, ARA Property Fund

ABSENT:

Trustee Kessler and Trustee Bautista

OTHERS PRESENT:

Scott Owens and Theodore (TJ) Lowe, Graystone Consulting, Lissette Perez, Town Clerk and Administrator Lauri Patterson of Benefits USA, Inc.

INVESTMENT REPORT – American Realty

Ms. Cook from ARA asked if she could present first due to a scheduling conflict. Ms. Cook referred to the presentation briefly providing some background information on ARA noting the Real Estate investment is their only business. She added they have a 35-year history, have 600 + institutional clients, more than 80 employees, \$11.5 Billion assets under management and registered in 1990 with U.S. Securities and Exchange Commission. Chairman Fishman asked what is the liquidity and how often are the distributions and are they in the redemption queue. Ms. Cook said the liquidity is quarterly, net income from inception-to-date is \$153,146 and appreciation of \$58,384 ending Net Asset Value as of \$1,086,530.

Trustee Fishman asked how much office space are they holding and if they had to sell off. Ms. Cook said no and their leases are strong Ms. Cook said the target is 15%. They are invested in industrial, residential, office, and retail. Ms. Cook mentioned rising interest rates, restrictive lending, and capital dislocation caused the Fund's property values to decline over the last year. She mentioned there is no redemption policy however they are paying out about 5% every quarter. Chairman Fishman asked if tenants have been defaulting. Ms. Cook replied no but there were a few in 2020. Mr. Owens added we are getting the maximum amount of redemption which started about 5 quarters ago.

Ms. Cook concluded her report by stating she will attend the next meeting.

APPROVAL OF MINUTES: January 26, 2024 and Special Meeting of February 22, 2024.

Motion made by Trustee Block to approve the minutes of January 26, 2024 and Special Meeting of February 22, 2024. Motion seconded by Trustee Camacho.

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 st QTR Fees)	\$ 1,545.89
TOTAL:	\$ 3,920.89

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

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
TOTAL:	\$ 3,158.88

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

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
TOTAL:	\$ 7,100.00

NEW BUSINESS:

a. Approval of DROP Application for General Employees - Trustee Block reviewed the application closely and had some concerns with the language on the ADEA Release which he believes should read Age Discrimination in Employment Act. He added the law is one of strict compliance. Trustee Block said since we don't charge an administrative fee that the words could be maybe. There were a few other minor changes he suggested, Attorney Herrera asked Trustee Block to email his recommendations to his office.

**Motion made by Trustee Block to approve the DROP Application after the revisions.
Motion seconded by Trustee Camacho. Motion passed.**

b. Fiduciary Liability Application effective date: June 5, 2024 - Ms. Patterson said she received the quote from Ullico and it was slightly lower than last year's premium. Total amount is \$2,677.00.

Motion made by Trustee Camacho to bind the Fiduciary Liability Policy. Motion seconded by Trustee Block. Motion passed.

c. Discussion on New Requirements for Financial Disclosure – Trustee Block asked that his email dated April 18, 2024 be included in this packet. Trustee Block said he was concerned with questions being asked on the new Financial Disclosure Forms where you would need to list any primary income over \$2,500.00 and the definition of money source includes employment, but also includes stock dividends, other interest earned, sale of property and anything else that fits the IRS definition of gross income. They also are asking for secondary sources of income and creditors over \$10,000 excluding credit card debit. Attorney Herrera said the filer only needs to include the name of the name of the Brokerage account and list them generally. Trustee Block asked Attorney Herrera if he could send an email stating that for the record.

REPORTS

a. Investment Manager – Mr. Lowe provided a brief overview of the economy noting that FED did not raise rates the first quarter there has been a pause. Growth in the US labor market continued and unemployment held steady at 3.8%, there are 1.5% job openings per every unemployed person. Mr. Lowe that growth stock doubled while international markets and emerging markets posted solid results, fixed income has been volatile. The S & P was up 10.56%, MSCI EAFE was 5.78%, MSCI China (2.19%) the 3-month T-Bill has been barely positive 1.37% and Bloomberg US Aggregate was (0.78%). Mr. Lowe concluded his report by stating the economy has started to slow.

Mr. Owens provided a report for the Quarter ended March 31, 2024. The market value was \$16,497,327 compared to the market value of \$15,309,4706 on December 31, 2023. During the current Fiscal YTD, the portfolio generated 12.43% (gross-of-fees) and 12.02% (net of fees) compared to the 7% assumed actuarial assumption rate of return. As of March 31, 2024, the asset allocation was: 60.5% in equity, 22.8% in fixed income, 11.2% in alternative investments, and 5% in cash held in the Deposit & Disbursement account.

Mr. Owens mentioned we are slightly overweight in cash and he recommends that we move the cash to Madison.

Motion made by Trustee Block to move the overweight cash to Madison as recommended by Graystone Consulting. Motion seconded by Trustee Camacho. Motion passed.

Chairman Fishman asked if we were considering going passive. Mr. Owen recommended we stay the course. Mr. Owens mentioned TSW-Mid Cap Value has underperformed and he will bring a search for the next meeting. He provided an Investment Manager Search Analysis for Lazard Emerging Markets he added there is no sense of urgency. The Board said to table this item. Mr. Owens was pleased that the other managers outperformed this quarter.

Mr. Owens provided a brief report on each manager noting that BlackRock - Large Cap Value performed well for FYTD 20.63%, Sawgrass returned less than the benchmark for the quarter however, the FYTD did well 18.32%, TSW did not met the benchmark, MDT has a great quarter 13.94%, Kayne Anderson was 4.27% for the quarter, BNYM Walter Scott International Growth was up 20.44% inception date was 9/1/2022. Mr. Owens 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 returned 3.76% for FYTD. Trustee Block said we need to get to 7.5% which we will need to get from equity since emerging markets have lower returns.

Mr. Owens reported as of May 13, 2024 the total fund was \$16,368,338 the return was 11.7%.

Mr. Owens concluded his report by stating we are in compliance.

b. Attorney – Attorney Herrera reminded the Board that the Financial Disclosure are due by July 1, 2023. He said there is a (2) minute tutorial and the site is very user friendly.

Attorney Herrera said there are no bills that have passed other than FRS is giving Police Officers a 3% COLA. There were no action items to discuss.

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.

Lauri Patterson

From: jess@sugarmansusskind.com (Jessica De la Torre Vila) <jess@sugarmansusskind.com>
Sent: Tuesday, August 20, 2024 4:28 PM
To: Lauri Patterson
Subject: RE: ZOOM GB

I assume you meant 8/28:

Sugarman Susskind Braswell & Herrera, P.A. is inviting you to a scheduled Zoom meeting.

Topic: Town of Golden Beach Employees' Pension Meeting
Time: Aug 28, 2024 03:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87865356171?pwd=tw0Gdu7lF0gOP8cculcY2fPKFagwDI.1>

Meeting ID: 878 6535 6171

Passcode: 709207

One tap mobile

+13052241968,,87865356171#,,,,*709207# US

+16469313860,,87865356171#,,,,*709207# US

Dial by your location

- +1 305 224 1968 US
- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US

- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US

Meeting ID: 878 6535 6171

Passcode: 709207

Find your local number: <https://us02web.zoom.us/j/kdrhyWpU9O>

From: Lauri Patterson <lauri@benefits-usa.org>

Sent: Tuesday, August 20, 2024 4:26 PM

To: Jessica De la Torre Vila <jess@sugarmansusskind.com>

Subject: ZOOM GB

Hi Jessica,

Would you be so kind as to arrange a ZOOM meeting for 8/29 from 3:00 pm to 5:30 pm. (doubt it will be late)

Thanks!

Lauri K. Patterson

Benefits USA, INC.

3810 Inverrary Blvd. Suite 303

Lauderhill, FL 33319

Phone: 954-730-2068 Ext 213

Fax: 954-730-0738

Email: Lauri@benefits-usa.org

WARRANT NO. 258

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 & ADDRESS</u>	<u>AMOUNTS</u>
David Block (Registration Fee; Fall Trustee School)	\$ 850.00
Sugarman, Susskind, Braswell & Herrera (Legal Fees; August 2024)	\$ 1,500.00
Benefits USA (Administration Fee; August)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; August)	\$ 250.00
TOTAL:	\$ 3,850.00

Please mail check to:
David Block
240 S. Island
Golden Beach, FL 33160

Trustee



Trustee
August 15, 2024

WARRANT NO. 258

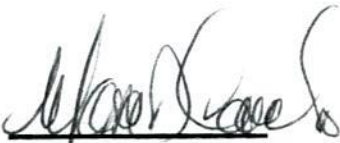
For payment from the GOLDEN BEACH GENERAL EMPLOYEES
PENSION FUND, Account# 676-90335-1-2-229

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 & ADDRESS</u>	<u>AMOUNTS</u>
David Block (Registration Fee; Fall Trustee School)	\$ 850.00
Sugarman, Susskind, Braswell & Herrera (Legal Fees; August 2024)	\$ 1,500.00
Benefits USA (Administration Fee; August)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; August)	\$ 250.00
TOTAL:	\$ 3,850.00

Please mail check to:
David Block
240 S. Island
Golden Beach, FL 33160



Trustee

Trustee



INVOICE

David Block (Golden Beach GE
Pension Fund)
240 S ISLAND
GOLDEN BEACH, FL 33160
United States

Invoice Date: 08/08/2024
Invoice Number: INV_12664
Reference: Online Event
Registration: 2024 Fall Trustee
School Registration

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 (David Block, Attendee)	1	\$850.00	-	\$850.00
CPPT Certificate Program - Advanced (please check if you intend to be in class) (David Block, Attendee)	1	\$0.00	-	\$0.00
Sunday Orientation Program - I am not participating in the Sunday Orientation Program. (David Block, Attendee)	1	\$0.00	-	\$0.00
			Sub Total	\$850.00
			TOTAL USD	\$850.00
Payment: Credit Card (Amex: 6034)	08/08/24			(\$850.00)
			Amount Paid	(\$850.00)
AMOUNT DUE:				\$0.00



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

INVOICE

INVOICE NO.: GB0 08-24

Bill To:

Town of Golden Beach Employees
Pension Fund

Date	Hours	Description	Unit Pr	Total
August 2024		Administration Fee		\$ 1,250.00
August 2024		Bookkeeping Fee		\$ 250.00

Fees	\$ 1,500.00
Postage Etc.	\$
Bal Due	\$ 1,500.00

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

David E. Robinson
Of Counsel

♦ Board Certified Labor &
Employment Lawyer

August 14, 2024
Invoice No. 189672

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 August 2024

\$1,500.00

TOTAL AMOUNT DUE:

\$1,500.00

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

August 14, 2024

Invoice # 189859

Client: Matter GBPP: DISA

In Reference To: Disability

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
7/9/2024 Email to B Schneider on benefit for shot officer	0.40 \$300.00/hr	NO CHARGE
7/11/2024 Receipt and review of emails on phone conference, reply and request more information	0.20 \$300.00/hr	NO CHARGE
7/12/2024 Receipt and review of email from Town Manager on enhanced benefit, Legal research, Email to Town labor lawyer	0.20 \$300.00/hr	NO CHARGE
7/18/2024 Telephone conference with A Diaz and B Schneider on enhanced disability benefit	1.00 \$300.00/hr	NO CHARGE
For professional services rendered	1.80	\$0.00
Balance due		\$0.00

WARRANT NO. 257

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 & ADDRESS</u>	<u>AMOUNTS</u>
First State Trust (Custodial Fees; 4/1- 6/30/2024)	\$ 1,548.88
Sugarman, Susskind, Braswell & Herrera (Legal Fees; May/July 2024)	\$ 3,000.00
Benefits USA (Administration Fee; July)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; July)	\$ 250.00
TOTAL:	\$ 6,048.88



Trustee

Trustee

WARRANT NO. 257

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 & ADDRESS</u>	<u>AMOUNTS</u>
First State Trust (Custodial Fees; 4/1- 6/30/2024)	\$ 1,548.88
Sugarman, Susskind, Braswell & Herrera (Legal Fees; May/July 2024)	\$ 3,000.00
Benefits USA (Administration Fee; July)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; July)	\$ 250.00
TOTAL:	\$ 6,048.88

Trustee



Trustee

WARRANT NO. 257

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 & ADDRESS</u>	<u>AMOUNTS</u>
First State Trust (Custodial Fees; 4/1- 6/30/2024)	\$ 1,548.88
Sugarman, Susskind, Braswell & Herrera (Legal Fees; May/July 2024)	\$ 3,000.00
Benefits USA (Administration Fee; July)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; July)	\$ 250.00
TOTAL:	\$ 6,048.88

Trustee

Trustee



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: 7/8/2024

Activity Fee Schedule : Pension Transaction - \$1.75

From Date : 3/31/2024

Frequency : Quarterly

Number of Free Transactions : 0

To Date : 6/30/2024

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

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: 7/8/2024

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

From Date : 3/31/2024
To Date : 6/30/2024

Calculation

1 Disbursement of Cash				
5.00 On the First	1		5.00	
6 Disbursement of Cash - Check				
5.00 On the First	6		30.00	
Activity Fee Invoice Amount :			35.00	

Vendors

New ACH Payment Option for 2023

From the First State Trust Company website- 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: 7/8/2024

Activity Fee Schedule : Lump Sum Transaction - \$10.00

From Date : 3/31/2024

Frequency : Quarterly

Number of Free Transactions : 0

To Date : 6/30/2024

Calculation

1 Disbursement of Cash

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

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-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: 7/8/2024

Quarterly Asset-Based Fee

Frequency 04/01/2024 to 06/30/2024

Fee Detail

Total market value :	16,303,348.79
Less Market Value :	0.00
Net Market Value :	16,303,348.79

Total Annual Fee: 2,037.92

PRORATION

Account	Type	Market Value	Percentage	Annualized Fee	Quarterly Fee
70000572	Main				1356.88

Market Value Invoice Amount: 1,356.88

New ACH Payment Option for 2023

From the First State Trust Company website-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.



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

INVOICE

INVOICE NO.: GB0 07-24

Bill To:

Town of Golden Beach Employees
Pension Fund

Date	Hours	Description	Unit Pr	Total
July 2024		Administration Fee		\$ 1,250.00
July 2024		Bookkeeping Fee		\$ 250.00

Fees	\$ 1,500.00
Postage Etc.	\$
Bal Due	\$ 1,500.00

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

May 9, 2024
Invoice No. 187434

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

*Missed
PRINTING*

RETAINER STATEMENT

Retainer for the month of May, 2024

\$1,500.00

TOTAL AMOUNT DUE:

\$1,500.00

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

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

July 10, 2024
Invoice No. 188982

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 July, 2024	\$1,500.00
Previous Balance: May & June, 2024	\$3,000.00

TOTAL AMOUNT DUE:	\$4,500.00

pd #256

WARRANT NO. 256

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 & ADDRESS</u>	<u>AMOUNTS</u>
Sugarman, Susskind, Braswell & Herrera (Legal Fees; June 2024)	\$ 1,500.00
Maria Camacho (FPPTA 6/23-6/26/24; hotel, mileage & tolls)	\$ 915.58
TOTAL:	\$ 2,415.58

Please send Maria Camacho's payment to the ACH on file.

Trustee



Trustee

WARRANT NO. 256

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

TO FIRST STATE

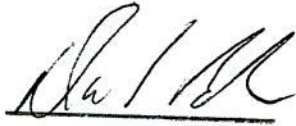
You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

NAME & ADDRESS

AMOUNTS

Sugarman, Susskind, Braswell & Herrera (Legal Fees; June 2024)	\$ 1,500.00
Maria Camacho (FPPTA 6/23-6/26/24; hotel, mileage & tolls)	\$ 915.58
TOTAL:	\$ 2,415.58

Please send Maria Camacho's payment to the ACH on file.



Trustee

Trustee

DSSKIND, BRASWELL & HERRERA

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

Coral Gables, Florida 33134 (305) 529-2801

150 Alhambra Circle
Suite 725

Madison J. Levine

Toll Free (800) 329-2122

Facsimile (305) 447-8115

David E. Robinson Of
Counsel

• Board Certified Labor &
Employment Lawyer

for the Town of Golden Beach
by David E. Robinson, Esq.
David E. Robinson, Esq.
David E. Robinson, Esq.

June 11, 2024

Invoice No. 188480

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

WARRANT NO. 256

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 & ADDRESS</u>	<u>AMOUNTS</u>
Sugarman, Susskind, Braswell & Herrera (Legal Fees; June 2024)	\$ 1,500.00
Maria Camacho (FPPTA 6/23-6/26/24; hotel, mileage & tolls)	\$ 915.58
TOTAL:	\$ 2,415.58

Please send Maria Camacho's payment to the ACH on file.

Trustee

Trustee

SUSSKIND, BRASWELL & HERRERA

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

Robert Z. Wexlerman ♦
Howard G. Suskind
D. Marcus Braswell, Jr.
D. J. A. Thompson
Rebecca M. Harrison, D.C.
Madison J. Levine

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

June 11, 2024
Invoice No. 188480

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 June, 2024

\$1,500.00

TOTAL AMOUNT DUE:

\$1,500.00 ✓

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

June 11, 2024
Invoice # 188650

Client: Matter GBPP:MISC
In Reference To: Miscellaneous

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
5/8/2024 Review and edit DROP application/forms.	0.80 \$300.00/hr	NO CHARGE
For professional services rendered	0.80	\$0.00
Balance due		<u>\$0.00</u>

**CITY OF GOLDEN BEACH PENSION FUND
TRAVEL AND EXPENSE REPORT**

Name: (Print): Maria D. Camacho
Meeting Purpose: Annual Conference
Meeting Location: Orlando

Date Begin: Sunday, June 23, 2024
End: Wednesday, June 26, 2024

A) Per Diem, if applicable: From: 6/23/2024 To: 6/26/2024 No. Days x's \$.= \$ _____

B) Daily, if applicable:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hotel	\$ 219.38	\$ 219.38	\$ 219.38					\$ 658.14
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Airfare, Taxi, Etc...								\$ -
Parking								\$ -
Tolls	\$ 23.77		\$ 23.77					\$ 47.54
Misc.								\$ -
Total	\$ 243.15	\$ 219.38	\$ 243.15	\$ -	\$ -	\$ -	\$ -	\$ 705.68

C) Mileage- Private Vehicle- Mileage Start _____ End: _____
419.8 Total Miles : 0.67 \$ 209.90

TOTAL EXPENSES (A) + (B) + (C) = \$ 915.58

I hereby certify or affirm that this travel expense report is true and correct in every material matter; that the expenses were actually incurred by me as necessary expenses; and that I have not hitherto received payment for said expenses.


TRUSTEE SIGNATURE

6/27/24
DATE

8115 ROOM NQB TYPE 153	CAMACHO/M NAME TOWN OF GOLDEN BEACH	195.00 RATE	06/26/24 DEPART 06/23/24 ARRIVE	11:00 TIME 14:26 TIME	52960 ACCT#	7035 GROUP
ROOM CLERK	ADDRESS	PAYMENT	MBV#: XXXXX3357			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE		
06/23	CCARD-MC PAYMENT RECEIVED BY: MASTERCARD -BK ***** AUTHORIZATION ***** APPROVED Total: \$658.13 Card Type: MASTERCARD Card Entry: CHIP Acct #: *****5771 Approval Code: 02737Z ***** EMV AUTHORIZATION ***** App Label: MASTERCARD Mode: Issuer AID: A0000000041010 TVR: 0000008000 IAD: 011060700122000021AA00000000000000FF TSI: E800 ARC: 00 AC: D97B14BB05B4033D CVM: 1E0300		658.13			
06/23	ROOM	8115, 1	195.00			
06/23	ROOM TAX	8115, 1	24.38			
06/24	ROOM	8115, 1	195.00			
06/24	ROOM TAX	8115, 1	24.38			
06/25	ROOM	8115, 1	195.00			
06/25	ROOM TAX	8115, 1	24.38			
06/26	VS CARD					
PAYMENT RECEIVED BY: VISA BK			CURRENT BALANCE .00			

See our "Privacy & Cookie Statement" on [Marriott.com](https://www.marriott.com)

Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity. See members.marriott.com for new Marriott Bonvoy benefits.

Was that the best night's sleep you have ever had? Have a repeat performance at your place by visiting CollectRenaissance.com.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Between two points

Street View

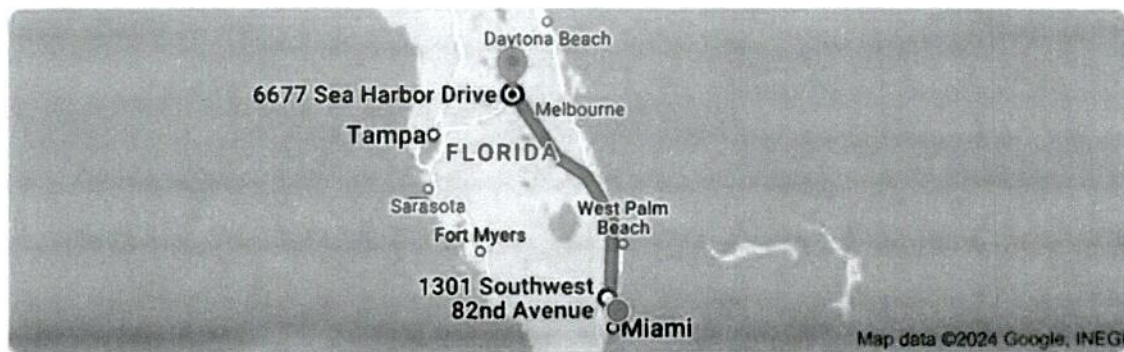
Multiple stops

Avoid highways

Printable

○ 1301 SW 82nd Ave, Plantation, FL 33324

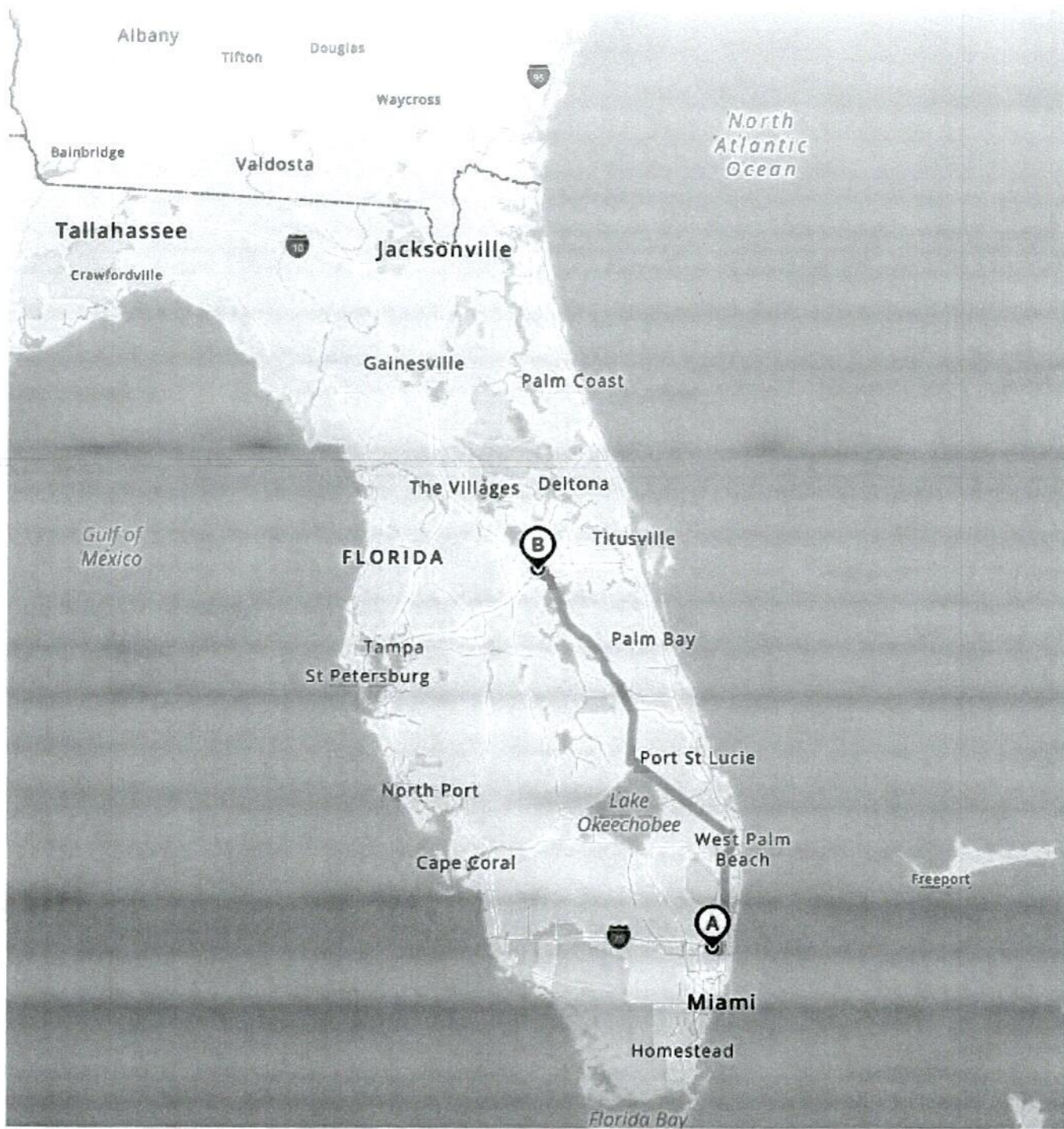
● 6677 Sea Harbor Dr, Orlando, FL 32821



3 hr 3 min (209.9 mi) via Florida's Tpke



Directions



Trip Calculator

Payment Type

 CASH

TOLL-BY-PLATE

Axle Count

2  

Trip Start

SOUTH FLORIDA

Sawgrass Expressway (SR 869)

Sunrise Blvd.

Trip End

ORLANDO AREA

Central Florida GreeneWay (SR 417)

International Drive



Traffic



Reset

Trip Cost : \$ 23.77

You could save \$6.27 with SunPass

[Route Detail](#)

Town

Treasure

WARRANT NO. 255

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 & ADDRESS</u>	<u>AMOUNTS</u>
Maria Camacho (Per diem for FPPTA Annual Conference)	\$ 320.00
Southern Actuarial Services (DROP Statement; Herbello, R)	\$ 275.00
Benefits USA (Administration Fee; June 2024)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; June 2024)	\$ 250.00
TOTAL:	\$ 2,095.00

Please send Maria Camacho's per diem to the ACH on file.



Trustee



Trustee

**CITY OF GOLDEN BEACH PENSION FUND
TRAVEL AND EXPENSE REPORT**

Name: (Print): Maria Camacho
Meeting Purpose: Annual Conference
Meeting Location: Orlando, FL

Date Begin: 6/23/2024
End: 6/26/2024

A) Per Diem, if applicable: From: _____ To: _____ No. Days x's \$.= 80
\$ 320 ✓

B) Daily, if applicable:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hotel								\$ -
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Airfare, Taxi, Etc...								\$ -
Parking								\$ -
Tolls								\$ -
Misc.								\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

C) Mileage- Private Vehicle- Mileage Star _____ End: _____
Total Miles : 0.67 \$ -

TOTAL EXPENSES (A) + (B) + (C)= \$ -

I hereby certify or affirm that this travel expense report is true and correct in every material matter; that the expenses were actually incurred by me as necessary expenses; and that I have not hitherto received payment for said expenses.

Loured Atten
TRUSTEE SIGNATURE

6-3-2024
DATE

Advance (Per Diem)

Please send to Act on File



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: 745-0524
DATE: May 23, 2024
PAYMENT DUE BY: June 22, 2024

PROJECT	DESCRIPTION	FEE
745-37	Preparation of the March 31, 2024 DROP statement, submitted May 17, 2024	\$275.00
TOTAL DUE		\$275.00

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!



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

INVOICE

INVOICE NO.: GB0 06-24

Bill To:
Town of Golden Beach Employees Pension Fund

Date	Hours	Description	Unit Pr	Total
June 2024		Administration Fee		\$ 1,250.00
June 2024		Bookkeeping Fee		\$ 250.00

Fees	\$ 1,500.00
Postage Etc.	\$
Bal Due	\$ 1,500.00

WARRANT NO. 254

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 & ADDRESS</u>	<u>AMOUNTS</u>
David Block (Hotel, Tolls & mileage; FPPTA 1/28-1/30/2024	\$ 1,003.89

TOTAL:	\$ 1,003.89
---------------	--------------------

Trustee



Trustee


WARRANT NO. 254

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 & ADDRESS</u>	<u>AMOUNTS</u>
David Block (Hotel, Tolls & mileage; FPPTA 1/28-1/30/2024	\$ 1,003.89
TOTAL:	\$ 1,003.89



Trustee

Trustee

**CITY OF GOLDEN BEACH PENSION FUND
TRAVEL AND EXPENSE REPORT**

Name: (Print): David Block
Meeting Purpose: Winter Trustee School
Meeting Location: Orlando, FL

Date Begin: 1/28/2024
End: 1/30/2024

A) Per Diem, if applicable: From: _____ To: _____ No. Days x's \$.=
\$ Paid in advance

B) Daily, if applicable:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hotel				\$ 678.33				\$ 678.33
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Airfare, Taxi, Etc...								\$ -
Parking								\$ -
Tolls	\$ 14.71			\$ 14.71				\$ 29.42
Misc.								\$ -
Total	\$ 14.71	\$ -	\$ -	\$ 693.04	\$ -	\$ -	\$ -	\$ 707.75

C) Mileage- Private Vehicle- Mileage Star _____ End: _____
442.2 Total Miles : 0.67 \$ 296.14

TOTAL EXPENSES (A) + (B) + (C) = \$ 1,003.89

I hereby certify or affirm that this travel expense report is true and correct in every material matter; that the expenses were actually incurred by me as necessary expenses; and that I have not hitherto received payment for said expenses.

240 South Island Road
Golden Beach, FL 33160

TRUSTEE SIGNATURE

Reviewed By
Trustee Block

DATE 5/23/2024

David Block



ROSEN HOTELS & RESORTS

9840 International Drive

Orlando, FL 32819

Tel: (407) 996-9840 Fax: (407) 996-0865

Guest Name: David Block
240 South Island Drive
GOLDEN BEACH, FL 33160 US

Room #: 323
Folio #: R69869SE318543 - 1
Group #: 108884
Guests: 1
Clerk:
CL #:

Arrive: 01/28/24 Time: 16:21 Depart: 01/31/24 Time: 03:42 AM Status: FOL

Date	Description	Reference	Comment	Charges	Credits
01/28/2024	ROOM CHARGE	323		\$199.00	
01/28/2024	ROOM TAX	323t	STATE TAX	\$13.06	
01/28/2024	OCCLD FEE	323t	OCCLD FEE	\$1.99	
01/28/2024	OCCUPANCY TAX	323t	COUNTY TAX	\$12.06	
01/29/2024	RC SPA FITNESS CTR CH.	01296504792		\$14.08	
01/29/2024	SALES TAX	01296504792t	SALES TAX	\$0.92	
01/29/2024	PAY CASH	01299504792			(\$15.00)
01/29/2024	ROOM CHARGE	323		\$199.00	
01/29/2024	ROOM TAX	323t	STATE TAX	\$13.06	
01/29/2024	OCCLD FEE	323t	OCCLD FEE	\$1.99	
01/29/2024	OCCUPANCY TAX	323t	COUNTY TAX	\$12.06	
01/30/2024	ROOM CHARGE	323		\$199.00	
01/30/2024	ROOM TAX	323t	STATE TAX	\$13.06	
01/30/2024	OCCLD FEE	323t	OCCLD FEE	\$1.99	
01/30/2024	OCCUPANCY TAX	323t	COUNTY TAX	\$12.06	

Folio Balance: \$678.33

221.2 miles

Tolls

~~Sun pass~~

42.40
miles

148.91

The Hotel will collect one percent of the room rate (not subject to tax exemption) to fund the promotion of the Orange County Convention Center and tourist services in the vicinity of the Orange County Convention Center District.

If I elect to pay by credit card, I understand that: acceptance is subject to approval by the issuing organization; information necessary to charge my credit card account will appear on my itemized hotel folio (s) and be transmitted electronically in lieu of a sales draft; my liability for this bill is not waived and agree that in the event the indicated person, company, or association fails to pay, I will be held responsible.

Trip Calculator

Payment Type

Auto Count

SIN PASS

2 weeks

Trip Start

SOUTH FLORIDA

Florida's Turnpike - South Florida

Ft. Lauderdale South Ft. Lauderdale

Trip End

CALIFORNIA AREA

San Diego Expressway (I-5) S/N

Interstate 5

 Trip Profile

 Trip Duration

Trip Cost \$ 14.71




WARRANT NO. 253

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 & ADDRESS</u>	<u>AMOUNTS</u>
United Members Insurance (Fid. Liability Ins; 6/5-6/5/2025)	\$ 2,677.51
TOTAL:	\$ 2,677.51



Trustee



Trustee



6826 W. Linebaugh Ave
Tampa, FL 33625
Telephone: (813) 265-2300
<http://unitedmembersinsurance.com>

Invoice # 1814		Page 1 of 1
Account Number	Date	
GOLDBEA-01	5/16/2024	
Balance Due On	06/14/2024	
Amount Paid	Amount Due	
	\$2,677.51	

**Retirement Plan for General Employees of the Town of
Golden Beach
C/O Benefits USA
3810 Inverrary Blvd., Suite 303
Lauderhill, FL 33319**

Please pay Balance by the Due Date
noted above!

Please Make Check Payable to:
United Members Insurance

Please return a copy of this invoice
with your payment.

Fiduciary Liability	Policy Number: MGL 0016437-06	Effective: 6/5/2024 to 6/5/2025
---------------------	-------------------------------	---------------------------------

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
6590	6/5/2024	6/14/2024	RENB	Base Premium	\$2,651.00
6591	6/5/2024	6/14/2024	FIGA	FIGA Surcharge	\$26.51
Total Invoice Balance:					\$2,677.51

THANK YOU FOR YOUR BUSINESS!

Lauri Patterson

From: sandie@umi91.com (Sandie Kyser) <sandie@umi91.com>
Sent: Thursday, May 16, 2024 1:05 PM
To: Lauri Patterson
Subject: RE: Retirement Plan for General Employees of the Town of Golden Beach, Fiduciary Policy #MGL 0016437-06 - Invoice
Attachments: Invoice.pdf

Hi Lauri,

The above referenced Fiduciary Policy is renewed with Markel American Insurance Company through Ullico Casualty Group, effective June 5, 2024 - June 5, 2025. A premium invoice is attached. Please make the premium check payable to United Members Insurance. Our mailing address is on the invoice.

I will forward the renewal policy upon receipt from Ullico/Markel.

As always, we at United Members appreciate your business. If you have any questions, please don't hesitate to contact me.

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: Thursday, May 16, 2024 12:55 PM
To: Sandie Kyser <sandie@umi91.com>
Subject: RE: Retirement Plan for General Employees of the Town of Golden Beach, Fiduciary Policy #MGL 0016437-05 - Renewal Quote

Hello Sandie,

Please bind the coverage. Can I prepare the warrant from the proposal date 5/15/2024.

Please advise.

Kind regards,

Lauri K. Patterson
Benefits USA, INC.
3810 Inverrary Blvd. Suite 303
Lauderhill, FL 33319
Phone: 954-730-2068 Ext 213

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

	Pages
Application for Deferred Retirement Option Program (DROP)	1
Election to Participate in DROP and Information Checklist 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

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

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: donotreply@info.frs.fl.gov (Florida Retirement System) <donotreply@info.frs.fl.gov>
Sent: Thursday, June 27, 2024 2:41 PM
To: lauri@benefits-usa.org
Cc: mpf@dms.fl.gov
Subject: 2023 Annual Report-GOLDEN BEACH GENERAL EMPLOYEES FUND-GOLDEN BEACH-274

APPROVED

MEMORANDUM

Date: 27-JUN-24

To: LAUREL,PATTERSON - GOLDEN BEACH GENERAL EMPLOYEES FUND-GOLDEN BEACH

From: Office of Municipal Police Officers' and Firefighters' Retirement Trust Funds, Division of Retirement

Subject: 2023 Annual Report

This is to advise that we have **reviewed** and **approved** the 2023 Annual Report for the GOLDEN BEACH GENERAL EMPLOYEES FUND

If you have any questions, please contact our office at (850) 922-0667.

Unsubscribe to stop receiving these emails.