Item 4.d.

Ratify/Approve: Refunds/Benefit Enhancements/ New Retirements/DROPs/ Deferred Vested/Death Annuities

CITY OF DELRAY BEACH POLICE OFFICERS' RETIREMENT SYSTEM Refunds/New Benefits/Deaths June 22, 2022 Regular Board Meeting

Name	Refund	Monthly Benefit	
DINAN, Bruce	N/A	\$ 6,635.26	
DROP 4/1/2022			

CITY OF DELRAY BEACH POLICE OFFICERS' RETIREMENT SYSTEM Notification of Benefits Payable as a Result of Participation in the Deferred Retirement Option Plan (DROP)

Participant's	Name:	BRUCE D	INAN			
the beginnin choose, but	g of each month co not later than Mar	ommencing on a	April 1, 2022. De amount of your			
a	s long as you live.	If you should di Plan, payment	ie before you ha	rovides payments of ve received an amou o your beneficiary un		
p	ayments of \$	6,488.62 to san	you as long as yo me amount* will	continue to be paid	des monthly die before 120 monthly to your beneficiary until	
t s a to	to you as long as yo pouse until death o and then \$3	ou live. After your remarriage was,551.12 the outlines to the Pl	our death, month vill be \$. reafter. If you sh lan, payments w	ould die before you l		t equal
_		ou as long as yo	ou live. Your des	provides monthly paignated beneficiary, \$5,521.20 * as lon	if living at the time of yo	ur
_		ou as long as yo	ou live. Your des	provides monthly pay signated beneficiary, \$4,322.54 * as lon	if living at the time of yo	ur
_		ou as long as yo	ou live. Your des	ion provides monthly signated beneficiary, \$3,899.32 * as lon	if living at the time of yo	ur
		ou as long as yo	ou live. Your des	provides monthly pay signated beneficiary, \$3,013.74* as lon	if living at the time of yo	ur
tl	\$5,458.16 to y he time of your dea f you are living at the	ou as long as you	ou and your ben ceive monthly p beneficiary's de	eficiary live. Your dea	des monthly payments of signated beneficiary, if li 8.16 * as long as he/eive monthly payments	ving at she lives.
tl	\$5,711.63 to y	ou as long as you ath, will then re ne time of your	ou and your ben ceive monthly p beneficiary's de	eficiary live. Your des ayments of \$4,28	es monthly payments of signated beneficiary, if li 3.72 * as long as he/eive monthly payments	ving at she lives.
tl	\$5,801.21 to y he time of your dea you are living at the	ou as long as you	ou and your ben ceive monthly p beneficiary's dea	eficiary live. Your des ayments of \$3,86	ovides monthly paymen signated beneficiary, if li 7.47 * as long as he/ eive monthly payments	ving at she lives.
tl	\$5,989.65 to y	ou as long as you	ou and your ben ceive monthly p	eficiary live. Your des ayments of \$2,99	es monthly payments of signated beneficiary, if li 4.83 * as long as he/eive monthly payments	ving at she lives.

\$6,635.26 * as long as you live.

Section 415 of the Internal Revenue Code establishes a maximum limit on the amount of the benefit that can be paid from this plan. The benefit amount shown does not reflect the Section 415 limitation. The Section 415 limitation will be applied at the time retirement benefits are paid to you. Benefits that exceed the Section 415 limitation will not be paid from this plan.

^{*} This amount will be adjusted to reflect any cost of living increases the member had received prior to death.

Participant's Name:	BRUCE DINAN	

The amounts above are based on the following information:

Your Date of Birth:	February 6, 1966	Credited Service Date:	March 15, 2002
Date of Termination:	March 31, 2022	Years of Credited Service:	20.0000
Average Monthly Earnings:	\$8,879.26		
Beneficiary Name:	Nguyet Vuong	Beneficiary Date of Birth:	August 8, 1974

After-Tax Contributions:	\$0.00		
Pre-Tax Contributions:	N/A		
Interest on Contributions:	N/A		
Accumulated Employee			
Contributions:	N/A		
Nontaxable Portion of			
Monthly Benefit for Options		Number of Months Nontaxable	
1 or 2:		Portion Continues:	
Nontaxable Portion of			
Monthly Benefit for Options		Number of Months Nontaxable	
3, 4, 5, 6, 7, 8, 9, 10 or 11:		Portion Continues:	

The Survivor Annuity benefit amounts shown above are based on the beneficiary named above and are payable only to this beneficiary. Should you wish to change your beneficiary before your payments begin, new amounts will have to be calculated.

This calculation is subject to correction. If you are or become aware of errors in the data that was used, the calculations that were made, or the plan provisions that were applied, it is your responsibility to contact the plan administrator. The plan has the right to recover from you amounts that were paid to you in error.

BOARD OF TRUSTEES: By	3	DATE:
I accept the terms above, inclusions above to be correct.	uding my choice of annuity form, and	confirm the information
PARTICIPANT'S SIGNATURE:	3.5 J'	DATE: 5-3-22
4	Calculation Date: April 26,	2022
State of Florida County of Palm Beach		
The foregoing instrument was acknowled	ged before me by means of () phy	sicaloresence or () online
notarization this 3rd day of M	ay 2022 by Brue	e Dinar.
who is personally known to me or who ha	s produced the following identification	n:
Topacastiona	votary Signature)	3~64····································
LISA Castronao,	Print Name of Notary)	Notary Public State of Florid Lisa Castronovo My Commission HH 052539 Expires 10/12/2024