



**STATE OF DELAWARE
DELAWARE STATE TREASURY**

Phone: 302-672-6700 <http://treasury.delaware.gov> Fax: 302-739-2274

**REGISTRATION FOR POLICE PENSION FUND BENEFITS
Fiscal Year Ending June 30, _____**

Organization: _____ Federal EIN: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

1. Do you have a police pension fund established by law or ordinance? Yes No
 If "No", read Certification, sign and return form.
 If "Yes", complete form and enclose a copy of any changes or amendments to your plan(s) made since the last registration.

Date Fund was established: _____

Name & Address

Fund Manager: _____

2. Please cite specific authority under which your police pension fund was established (i.e. Delaware Code section, charter article or ordinance number):

If other, please describe: _____

3. Average number of paid, full-time, sworn police officers employed during the year ended December 31, _____ (Schedule A, Line 5): _____.

CERTIFICATION

To the best of my knowledge and belief, the above submitted information is complete and accurate.

SUBSCRIBED BEFORE ME THIS _____ DAY OF

 Signature of Officer in Charge

_____ A.D., 20 _____.

 Title

 Notary

 Date

**COMPLETE AND FORWARD MUST BE RECEIVED ON OR BEFORE APRIL 1.
 Delaware State Treasurer, 820 Silver Lake Blvd, Ste 100, Dover, Delaware 19904**

SCHEDULE A

**COMPUTATION OF POLICE OFFICERS REGISTERED FOR
POLICE PENSION FUND BENEFITS**

In accordance with 18 Del. C. Section 709, the following is a computation of the average number of paid, full-time, sworn officers employed during the year ending December 31, _____.

No part-time or seasonal police officers are to be included in this computation.

1. Name of Reporting Organization: _____

2.	O p p v j	Number of Police Officers Employed 15 days or more during the month.
	January	_____
	February	_____
	March	_____
	April	_____
	May	_____
	June	_____
	July	_____
	August	_____
	September	_____
	October	_____
	November	_____
	December	_____
3.	Total	_____
4.	Monthly Average (<i>Total divided by 12</i>)	_____
5.	Round Monthly Average to nearest whole number	_____

To the best of my knowledge and belief, the above submitted information is complete and accurate.

Signature

of Officer in Charge

Title

Date