FIREFIGHTERS' RETIREMENT PLAN
CITY OF ST. LOUIS

CERTIFICATION AND OATH

I, _____, the undersigned, hereby certify and state, under oath and subject to the penalty of perjury, that:

With regard to the following state felony offenses or substantially similar federal felony offenses committed in direct connection with or directly related to my duties as a firefighter:

1) stealing money, property or services valued at $5,000.00 or more under RSMo. § 570.030;

2) receiving stolen money, property, or services valued at $5,000.00 or more under RSMo. § 570.080;

3) forgery under RSMo. § 570.103;

4) counterfeiting under RSMo. § 570.010;

5) bribery of a public servant under RSMo. § 576.010; and/or

6) acceding to public corruption under RSMo. § 576.020

Section 105.669 of the Revised Statutes of Missouri prohibit FRP participants who have been found guilty of any of the felony offenses listed above, which was committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, from receiving any retirement benefits from FRP based on service rendered on or after August 28, 2014. A participant may, however, still request a refund of the participant's FRP contributions with interest credited to the participant's account. FRP will determine such requests according to FRP ordinances.

I have not been found guilty of any of the above-referenced offenses in state court.

I have not been found guilty of a federal offense substantially similar to the above-referenced offenses in any federal court.

I acknowledge and agree that I will notify FRP if I am found guilty of any of the above-referenced offenses prior to the next scheduled payment.

I understand that FRP reserves the right to collect any funds paid to me during any periods of ineligibility resulting from § 105.669 RSMo.

I acknowledge and agree that this certification and oath is being made as an inducement for the payment of benefits from the Firefighters' Retirement Plan of the City of St. Louis.

Signature: _____

Print Name: _____

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to before me this _____day of _____, 20__.

_____
Notary Public

(SEAL) My Commission Expires:_____