



FLORIDA MUNICIPAL PENSION TRUST FUND

## REQUEST FOR RETURN OF EMPLOYEE CONTRIBUTIONS ONLY

**Plan Name:** CITY OF SATELLITE BEACH FIREFIGHTERS' & POLICE OFFICERS' PENSION PLAN

Name:	_____	*Social Security #:	_____ / _____ / _____
Address:	_____		
City:	_____	State:	_____ Zip Code: _____
Phone Number:	( _____ ) _____	E-mail:	_____
Date of Birth:	_____ / _____ / _____	Date of Hire:	_____ / _____ / _____
		Date of Entry:	_____ / _____ / _____

### **RETURN OF EMPLOYEE CONTRIBUTIONS BEFORE EARLY OR NORMAL RETIREMENT**

By signing below, I elect to receive only my accumulated employee contributions plus interest, if any as outlined in the plan document. I understand receipt of these funds prior to early or normal retirement will cause immediate suspension of further contribution and participation as well as any entitlement to benefits whatsoever under my employer's retirement plan. My request will be processed within 90 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **SPECIAL TAX NOTICE REGARDING PLAN DISTRIBUTIONS**

Participants should review the Special Tax Notice regarding plan distributions (attached) before deciding how to receive benefits from the employer's retirement plan. In particular, this notice explains that 20% of your plan distribution is required to be withheld for federal income tax purposes unless you elect a direct roll-over of your Plan benefits to another employer plan or an individual retirement arrangement (IRA). *(If this form is not attached, please request from the administrator.)*

I have reviewed and understood the provisions of the Special Tax Notice Regarding Plan Distributions.

\_\_\_\_\_  
Signature of Plan Member Required

\_\_\_\_\_  
Date

**Participant's Certification – Waiver of 30 day waiting period**

I wish to have my distribution from the plan made as soon as possible. Therefore, I, hereby waive the 30-day time period otherwise required between the date the "Special Tax Notice" was provided to me and the date that my election regarding my disbursement is implemented.

In connection with this waiver, I hereby confirm the following:

I acknowledge receipt of a written "Special Tax Notice", informing me of some of the tax implications associated with the distribution options available to me; that I understand that I am entitled to a reasonable period of not less than 30 days from the date the notice was provided to me in which to decide whether or not to elect a direct rollover or lump sum until my distribution is actually implemented.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Lump Sum Payment Options:**

A return of contributions from the Plan that is eligible for "rollover" (pre-tax contributions) can be taken in two ways. You can have all or any portion of your payment either (A) PAID IN A "DIRECT ROLLOVER" **OR** (B) PAID TO YOU. A rollover is a payment of your Plan benefits to your individual retirement arrangement (IRA) or to another employer plan. Your choice will affect the taxes you owe. Consult a tax professional if you have questions. Please initial your choice on the line provided.

**DIRECT ROLLOVER**

A. \_\_\_\_\_ I choose a direct rollover to an IRA, another employer plan or qualified plan.

**CHOOSE ONE BELOW:**

Please initial your choice on the line provided.

\_\_\_\_\_ I choose to have a **check** paid to my financial institution and mailed to my financial institution.  
Make check payable to: \_\_\_\_\_ and mail to: \_\_\_\_\_

\_\_\_\_\_ I choose to have my rollover payment **wired directly** to my financial institution. I have enclosed a **check payable to FMPTF for \$15** to cover the wire fee. **I understand the \$15 payment must accompany this application. We are unable to withhold the \$15 fee from your distribution amount.**

Wire Instructions:

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

ABA# \_\_\_\_\_

Bank Account # \_\_\_\_\_

**PAID TO YOU**

B. \_\_\_\_\_ I acknowledge that 20% will be withheld from my plan distribution and that additional withholding may be required for early distribution. **"After Tax" employee contributions are non-taxable when paid to you and they are ineligible for rollover. In order to receive my payment, I have enclosed a completed Direct Deposit Form and voided check with this form.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**To Be Completed By the Employer**

**Salary & EE Contribution History broken down by fiscal year must be attached.**

Date of Hire: \_\_\_/\_\_\_/\_\_\_ Date of Termination \_\_\_/\_\_\_/\_\_\_

I have reviewed this request for a return of employee contribution only and provided the salary history and employee contribution information in accordance with our payroll records.

\_\_\_\_\_  
**Employer Signature, Title**

\_\_\_\_\_  
**Date**

**Please submit ALL of the following:**

- (1) Request for Return of Contributions Form
- (2) Copy of your Social Security Card
- (3) If payable directly to you - Direct Deposit Agreement, including a voided check
- (4) If you choose a rollover to be wired, include a check for \$15 **and** wiring instructions.

**Return to: Florida Municipal Pension Trust Fund**

ATTN: Retirement Services  
Post Office Box 1757  
Tallahassee, FL 32302-0757

Contact number: (850) 222-9684  
Fax: (850) 222-3806  
Email: FMPTF@flcities.com

\*Social Security numbers are requested and maintained on behalf of all plan participants, beneficiaries and retirees for data collection, reconciliation, tracking, benefit processing, tax reporting, and identity verification purposes. Social Security numbers are also used as a unique numeric identifier and may be used for death record searches for retirees.