



Please contact the Plan Administrator if you have any questions or need more information about the Plan or the retirement process:  
**Florida Municipal Pension Trust Fund**  
ATTN: Retirement Services  
Post Office Box 1757  
Tallahassee, Florida 32302-1757  
Telephone: 850-222-9684 Fax: 850-222-3806  
Email: FMPTF@flcities.com

## REQUEST FOR CONVERSION FROM DROP TO NORMAL RETIREMENT

### CITY OF SATELLITE BEACH FIRE AND POLICE RETIREMENT PLAN

Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Last Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **PARTICIPANT CERTIFICATION OF DROP WITHDRAWAL**

By signing below, I certify that my separation from service with the City of Satellite Beach will occur on the Withdrawal date set forth in this document. I understand that by signing this document I am electing to receive the balance in my DROP account and that this action will end my participation in the DROP. I also understand that the plan provisions will continue to govern my retirement benefit that I elected prior to entering the DROP with the City of Satellite Beach.

\_\_\_\_\_  
Participant 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 City of Satellite Beach Fire and Police 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).

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

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

\_\_\_\_\_  
Date

\*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.

**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 FLC 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**

Last Date of Employment \_\_\_/\_\_\_/\_\_\_\_

I have reviewed this request for a DROP Withdrawal and certify that the above date is correct.

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

\_\_\_\_\_  
Date

All information should be submitted to:

**Florida Municipal Pension Trust Fund  
ATTN: Retirement Services  
Post Office Box 1757  
Tallahassee, Florida 32302-1757**