

REQUEST FOR SHARE PLAN DISTRIBUTION FROM

CITY OF SATELLITE BEACH FIRE & POLICE RETIREMENT PLAN

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

*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.

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 Boca Raton Executive Employees' 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.

Participant Signature

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



FLORIDA MUNICIPAL PENSION TRUST FUND

To Be Completed By The Employer

Last date of employment ___/___/_____

I have reviewed this request for a Share Plan Distribution 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