FMPTF
FLORIDA MUNICIPAL PENSION TRUST FUND
PROTECTING THE RETIREMENT OF THOSE SERVING THE PUBLIC

**Florida Municipal Pension Trust Fund**
**Mailing address:**
**ATTN: Retirement Services**
**P.O. Box 1757**
**Tallahassee, FL 32302-1757**
**Telephone: Toll free (888) 945-7401 Fax: 850-222-380**
**Email: FMPTF@flcities.com**

# REQUEST FOR RETURN OF EMPLOYEE CONTRIBUTIONS ONLY

***This application must be signed in all areas where Signature is requested or it will be returned to you***

Employer Name: _____

Your name: _____ *Social Security#: _____

Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

## Return of Employee Contributions Before Early or Normal Retirement

By signing below, I elect to receive only my accumulated contributions plus interest, if 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 rollover of your plan benefits to another employer plan or an individual retirement account (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 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.

## 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 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 to elect a direct rollover or lump sum until my distribution is implemented.

_____ _____

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 account (IRA) or to another employer plan. Your choice will affect the taxes you owe. Consult a tax professional if you have questions. Please make your choice below:

***CHOOSE 1 option below – either A. Direct Rollover OR B. Paid to you:***

**A. DIRECT ROLLOVER**

_____ I choose a direct rollover. I am rolling over to (choose one): ___Traditional IRA
___ Deferred Comp 457(b)
___ Other (specify) _____

Account # where your funds are being rolled over to: _____

**MARK YOUR CHOICE BELOW FOR YOUR ROLLOVER – EITHER A CHECK OR A WIRE:**

____ **CHECK** - I choose to have a check paid/mailed to my financial institution. **Payment can only be made DIRECTLY to your financial institution AND MAILED to your financial institution.**
Make check payable to: _____ and mail check to _____

____ **WIRE** - I choose to have my **rollover** payment wired directly to my financial institution.
Wire Instructions for Rollover ONLY: **(If you are receiving funds directly DO NOT complete this section – you will complete a Direct Deposit Agreement)**

Bank Name: _____
Bank Address: _____
ABA#:_____
Bank Acct#: _____

**B. PAID TO YOU**

_____ 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 Agreement and voided check** to this form.

_____ _____

Signature Date

**We are unable to provide tax advice. Please contact a Tax Advisor in order to make your decision on how to receive your distribution. A Special Tax Notice is provided to you along with this request form to provide general guidance.

## To be Completed by the Employer

**Please attach employee contribution history broken down by fiscal year.**

Date of Hire: _____ Date of Termination: _____

I have reviewed this request for a return of employee contributions and provided the 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 Only Form
2. Copy of your Social Security Card
3. If payable directly to you – Direct Deposit Agreement, including a voided check

**Return to:** **FMPTF**
P.O. Box 1757
Tallahassee, FL 32302
Fax: (850) 222-3806
Email: FMPTF@flcities.com