



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@fcities.com

BENEFICIARY REQUEST FOR RETURN OF MEMBER CONTRIBUTIONS ONLY

(In the event of death of plan member)

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

Employer Name: _____

Beneficiary name: _____ *Social Security#: _____

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

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

Plan Member's Name: _____

Plan Member's *Social Security #: _____ Plan Member's Date of Death: _____

Return of Employee Contributions Before Early or Normal Retirement

By signing below, as beneficiary of _____ (Plan Member's Name), I elect to receive accumulated employee contributions plus interest, if any, in lieu of any other benefits from the Retirement Plan. I understand that by making this election I will not be eligible to receive any other benefit from the Plan, and that my request **will be processed within 90 days.**

Signature of Beneficiary

Date

Special Tax Notice Regarding Plan Distributions

Beneficiaries should review the Special Tax Notice regarding plan distributions (attached) before deciding how to receive benefits from the 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 of Beneficiary

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.

**If a nonspouse designated beneficiary, the beneficiary is only able to rollover to an inherited IRA.

Beneficiary'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 of Beneficiary

Date

*****Lump Sum Payment Options**

A return of contributions from the Plan to an eligible beneficiary can be taken in one of two ways. The beneficiary can have all or any portion of their payment either (1) PAID IN A "DIRECT ROLLOVER"*** OR (2) PAID TO THE BENEFICIARY. A rollover is a payment of Plan benefits to an individual retirement account (IRA) or to another employer plan. This choice will affect the tax owed. Please mark your choice on the line provided 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 of Beneficiary

Date

**If a nonspouse designated beneficiary, the beneficiary is only able to rollover to an inherited IRA.

***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. Beneficiary Request for Return of Member Contributions Only Form
2. Copy of death certificate for Plan Member
3. Copy of your Social Security Card
4. 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