



**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@flicities.com

FLORIDA MUNICIPAL PENSION TRUST FUND

PROTECTING THE RETIREMENT OF THOSE SERVING THE PUBLIC

## REQUEST FOR CONVERSION FROM DROP TO NORMAL RETIREMENT

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

Employer Name: \_\_\_\_\_

Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Last Day of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### PARTICIPANT CERTIFICATION OF DROP WITHDRAWAL

By signing below, I certify that my separation from service with my Employer listed above 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.

\_\_\_\_\_  
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 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 qualified plan.

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**

Your DROP balance from the plan 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 qualified employer plan. Your choice will affect the taxes you owe. Consult a tax professional if you have questions. Please make your choice on the line provided.

**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#: \_\_\_\_\_

**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. In order to receive my payment, I have enclosed a completed **Direct Deposit Agreement and voided check** to this form.

\_\_\_\_\_  
Participant 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 EMPLOYER**

Last day of employment: \_\_\_\_\_

I have reviewed this request for a DROP withdrawal and certify the above is correct.

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

\_\_\_\_\_  
Date

---

---

**Please submit ALL of the following:**

1. Request for Conversion from DROP to Normal Retirement 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](mailto:FMPTF@flcities.com)