



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**

**SHARE PLAN DISTRIBUTION FORM**

*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 \_\_\_\_\_

Date of Termination: \_\_\_\_\_

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

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

**SPECIAL TAX NOTICE REGARDING PLAN DISTRIBUTIONS**

Participants should review the Special Tax Notice regarding plan distributions before deciding how to receive your benefits from your Employers' 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 individual retirement account (IRA) or other qualified plan.

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

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

\_\_\_\_\_  
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.



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**TO BE COMPLETED BY EMPLOYER:**

*If this is a recurring Share Plan payment, Employer signature is **not** required*

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

Share plan distribution amount: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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**Please submit ALL of the following:**

1. Share Plan Distribution 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)