



**FMPTF 401(a) Defined Contribution and 457(b) Deferred Compensation
BENEFICIARY DISTRIBUTION REQUEST**

For questions, contact the FMPTF by calling toll free 1-888-945-7401 or emailing us at retirement@flcities.com.

As a participant in the FMPTF 401(a) Defined Contribution or 457(b) Deferred Compensation Plan, I request payment of my benefit. I understand there is a \$75.00 distribution fee for each distribution. Required Minimum Distributions are \$160.00. Distributions typically take two weeks to process after submitted to us. Please review the forms and read the Special Tax Notice. You may wish to consult your tax advisor before completing the Application for Plan Benefits. I understand that my benefit check and IRS Form 1099-R will be mailed to me at the address below:

1. Plan Selection (if you are requesting a distribution from both plans, please select both checkboxes)

401(a) Defined Contribution 457(b) Deferred Compensation

2. Participant Information

Name of Deceased: _____ Social Security No. _____

Date of Death: _____ Birth Date: _____

Name of Former Employer: _____

3. Beneficiary Information

Beneficiary Name: _____ Social Security No. _____

Street Address: _____ Phone Number: _____

City, State Zip: _____ Birth Date: _____

Email address: _____

Primary Beneficiary Secondary Beneficiary

4. Income Tax Withholding

If you have elected to have a Direct Rollover, no Income Tax will be withheld. Otherwise, taxes will be withheld in accordance with the terms of the Special Tax Notice. You may, however, elect the following:

Federal Withholding: I want the standard 20% withheld (default if no selection made)

I elect a total of _____ % Federal Income Tax Withholding, which must be at least 20% (or 10% for a Required Minimum Distribution)

Check to Estate ONLY: I am requesting a check made out to the Estate of the deceased participant and elect a 0% Federal and State Income Tax Withholding

5. Form of Payment and Payment Method

Option A – Change Account Ownership to Beneficiary Name(s)

- Change ownership of account to beneficiary information and take no additional action at this time

Option B – Lump Sum - Lump Sum Distributions must be mailed to home address for security purposes

- Lump Sum (at least 20% in Federal Income Tax withholding unless made out to Estate of deceased)

Choose One: Entire Balance Partial Amount of \$ _____ (net amount)

- I would like this check mailed expedited (add'l \$20.00 - reduces mailing time only – cannot be PO Box)

**** Direct deposit is not available for lump sum distributions in order to minimize fraud ****

Option C – Installment Payments – Installment payments may be direct deposited or sent by check

- Installment Payments (The Plan is required to withhold 20% of taxable amount in Federal Income Tax)

Choose One: Monthly Quarterly Semi-Annually Annually

Amount of Each Payment: \$ _____ (net amount)

Payment to start: ASAP or * liquidated on this date _____

** Note for Installment payments: you will receive direct deposited funds approximately 3 business days after liquidation, or a check in the mail approximately 6 business days after liquidation*

- Check mailed to your home address
- Direct Deposit - I've included a voided copy of a check (not available for lump sum distributions)

Option D – Direct Rollover to New Plan or IRA – Direct rollovers must be payable by check

Make check payable to: _____

Choose One: Entire/Remaining Balance Partial Amount of \$ _____

Note: A direct rollover occurs when your distribution is paid to an eligible retirement plan (including an IRA) that has agreed to accept this rollover. The receiving institution must be an insurance company, bank, trust company, IRS-approved custodian, or employer plan trustee. If this direct rollover is to be made during or after the year in which the participant would have turned 70 ½, you cannot roll over the portion of the distribution that is a required minimum distribution (RMD).

- Check mailed to your mailing address I would like this check mailed expedited -- (add'l \$20.00 - reduces mailing time only – cannot be PO Box)
- Check mailed to address other than primary address

Attention: _____

Street Address: _____

City, State Zip: _____

6. Marital Status at the Time of the Decedent's Passing

- I was never married to the deceased
- I was married to the deceased at one time, but divorced prior to the time of his/her passing
- I was married to the deceased at the time of his/her passing

7. Beneficiary's Certification

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. I understand that fees associated with my withdrawal will be deducted from my account and that I can contact the FMPTF for more information.

PLEASE SEND ALL THREE PAGES OF THE FORM **AND CERTIFIED COPY OF THE DEATH CERTIFICATE** TO THE EMPLOYER OR TO FMPTF AT THE ADDRESS BELOW

Beneficiary Signature (physical signature required)

Date

8. Employer Sign-off

I confirm that the below information is accurate:

Participant Date of Hire

Participant Date of Termination

Vesting % (for 401a only)

Please designate the percentage that this beneficiary is entitled to receive from the deceased Participant's entire Plan account. Before completing this section, you should check the Participant's latest beneficiary designation in your Plan's records.

_____ % (up to an including 100% of the total Plan account)

- The participant was employed with our organization at time of death (becomes 100% vested)
- The participant was not employed with our organization at time of death (vesting schedule applies)

Employer Signature

Date

Name/Title

Employer: please send the paperwork to FMPTF by one of the following methods:

Mail:	Fax:	Encrypted Email:
FMPTF c/o DC Program PO Box 1757, Tallahassee, FL 32302-1757	850-222-3806 (ATTN: DC Program)	retirement@flcities.com

For FMPTF use only **Complies with Section 732.703, Florida Statutes and if applicable, received attorney review**

Authorized Signer/Name

Date