Roll an old retirement account or IRA into your FMPTF retirement account

Rolling an old employer's retirement account into your FMPTF account may help reduce your fees and allows you to consolidate the amount of statements you receive.

There are three steps to rolling your account over:

1) Contact your former employer (or your old retirement plan administrator) and request a form to roll money out of their plan into a different plan. You may need us to provide a "Letter of Acceptance". You can email us at retirement@flcities.com to request one.

2) Make the rollover check out to "**Newport Trust Company FBO *(Participant Name)***" and mail it to:

    Newport Trust Company
    PO Box 1757
    Tallahassee, FL 32302-1757

3) Complete our "Rollover/Transfer Acceptance Form" on the next page. Send to us at retirement@flcities.com, or fax to (850) 222-3806

The rollover funds will be invested according to your account investment elections. If you have not made investment elections, your rollover funds will be invested in the Vanguard Target Retirement Fund that most closely aligns with your estimated date of retirement. Your rollover will be invested as soon as it is deposited, and the check has cleared. Depending on how long your current plan takes to issue the check and send the funds, there may be two weeks or more in which your funds are in transit and not invested in the stock market. Your funds being out of the stock market will impact your returns, depending on how the stock market performs at that time.

Additional information is available at www.FLCretirement.com

![FMPTF Florida Municipal Pension Trust Fund logo]

FMPTF 401(a) Defined Contribution and 457(b) Deferred Compensation
ROLLOVER/TRANSFER ACCEPTANCE FORM

1. Rollover or Transfer   ☐ This a transfer from my current employer's other 401(a) or 457(b) provider
☐ This a rollover from an IRA or former employer's plan

2. Plan Selection (please select the plan you want your assets rolled into)

☐ 401(a) Defined Contribution   Approximate Rollover Amount $ _____
☐ 457(b) Deferred Compensation

3. Participant Data

Participant's Name: _____   Social Security No. _____

Street Address: _____   Phone Number: _____

City, State Zip: _____   Email: _____

Employer: _____   Date of Birth: _____

4. Source of Rollover or Transfer – The Florida Municipal Pension Trust Fund accepts rollovers and transfers from the following sources:

☐ A qualified plan described in section 401(a) of the Code   ☐ A plan described in section 403(b) of the Code
☐ Rollover Contribution from an IRA (pre-tax amounts only)   ☐ A plan described in section 403(a) of the Code

☐ An eligible plan under section 457(b) of the Code *
        * If a 457(b) rollover, does your rollover include Roth 457(b) after-tax contributions?
        ☐ No
        ☐ Yes   If yes, what is the date of your first Roth after-tax contribution? _____
                         If yes, what is the total amount of only Roth after-tax contributions in the account? _____

Please make sure the check is made out to: **Newport Trust Company FBO** *(Participant Name)*

5. Former Plan Information and Participant Certification

Name of Former Plan or Transferor Plan _____

As a participant in the above referenced plan, I represent that: (1) the transferor plan is the type of plan indicated above; (2) the transferor plan has satisfied such requirements as the transferee plan may have established for the purpose of reasonably concluding the eligibility for acceptance of the transferred amount under the transferee plan; and (3) I understand that these rollover funds, once deposited in the Plan, will be subject to all provisions of the Plan, including all distribution restrictions, unless a protected optional form of benefit within the meaning of IRC Section 411(d)(6).

I understand that my rollover contribution must be made within 60 days after receiving the distribution from the other plan or the IRA, if the check is sent to me at my address. By signing and dating below, I hereby verify that I received this rollover within the last 60 days, or had my former retirement plan administrator issue the rollover to the FMPTF within the last 60 days.

Signature _____   Date _____
        (physical signature required)

For FMPTF use only

Authorized Signer _____   Date _____