



FLORIDA MUNICIPAL PENSION TRUST FUND PROTECTING THE RETIREMENT OF THOSE SERVING THE PUBLIC

**BENEFICIARY REQUEST FOR RETURN OF MEMBER CONTRIBUTIONS ONLY**

(In the event of death of plan member)

**Plan Name:** \_\_\_\_\_

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

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

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

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 Direct Rollover or Paid to you:**

**DIRECT ROLLOVER**

- A. \_\_\_\_\_ I choose a direct rollover. I am rolling over to (choose one):  
\_\_\_\_\_ Traditional IRA  
\_\_\_\_\_ Deferred Comp 457(b)  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**MARK YOUR CHOICE BELOW:**

\_\_\_\_\_ **CHECK** - I choose to have a check paid/mailed to my financial institution  
Make check payable to: \_\_\_\_\_ and mail check to \_\_\_\_\_

\_\_\_\_\_ **WIRE** - I choose to have my rollover payment wired directly to my financial institution. **I have enclosed a check payable to the Florida League of Cities for \$15 to cover the wire fee. I understand the \$15 payment must accompany this application. The \$15 fee can't we withheld from your distribution amount.**

Wire Instructions:

Bank Name: \_\_\_\_\_

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. "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
5. If you choose a rollover to be wired, include a check for \$15

**Return to: FMPTF**

P.O. Box 1757

Tallahassee, FL 32302

Fax: (850) 222-3806

Email: [FMPTF@fcities.com](mailto:FMPTF@fcities.com)

**Contact Number: (850) 222-9684**