



FMPTF 401(a) Defined Contribution and 457(b) Deferred Compensation
APPLICATION FOR DISTRIBUTION OF PLAN BENEFITS

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 or ACH 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 Data

Participant's Name: Social Security No.
Street Address: Phone Number:
City, State Zip: Birth Date:
Email address:
Employer Sponsoring this Retirement Plan: I am a nonresident alien
Approximate Hire Date at Employer Sponsoring this Retirement Plan:

3. Reason for Payment

- Termination of Employment/Retirement
Plan Termination
Required Minimum Distribution (RMD)
(leave section 5 blank for a RMD - amount is calculated)

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)
In addition to the required 20% Federal withholding (or 10% for RMD), I want \$ or % additional Federal Income Tax withheld
RMD Only: I am over age 70 1/2, and I elect to have NO Federal Income Tax withheld. Must be at least age 70 1/2 for Required Minimum Distributions (RMD)

5. Form of Payment

Lump Sum (The Plan is required to withhold 20% of taxable amount in Federal Income Tax)

Choose One: Entire Balance Partial Amount of \$ _____ Net Gross

Direct Rollover to New Plan or IRA (unavailable for RMD)

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). Direct rollovers must be payable by check. Direct deposit of a direct rollover is unavailable.

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 Gross

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

6. Payment Method

Check mailed to your mailing address above I would like this check mailed overnight (additional \$20 fee applies – reduces mailing time only, unavailable for PO Box addresses)

Check mailed to address other than primary address

Attention: _____

Street Address: _____

City, State Zip: _____

Direct Deposit (additional \$20 fee applies – unavailable for rollovers)

Bank Account Type: Checking Savings Bank Name: _____

Bank routing number: _____

Bank account number: _____

7. Participant'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. I understand that I remain in control of my investments up until the time of account liquidation. Submission of this form to the FMPTF does not guarantee a timely liquidation of assets.

PARTICIPANT – PLEASE SEND ALL THREE PAGES OF THE FORM TO THE FORMER EMPLOYER

Participant Signature

Date

8. Employer Sign-off

I confirm that the above employee has separated service, and the below information is accurate:

Participant Date of Hire

Participant Date of Termination

Vesting % (for 401a only)

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

Authorized Signer/Name

Date