



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

REQUEST FOR RETURN OF EMPLOYEE CONTRIBUTIONS ONLY

Plan Name: _____

Your name: _____ *Social Security#: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Return of Employee Contributions Before Early or Normal Retirement

By signing below, I elect to receive only my accumulated contributions plus interest, if outlined in the plan document. I understand receipt of these funds prior to early or normal retirement will cause immediate suspension of further contribution and participation as well as any entitlement to benefits whatsoever under my employer’s retirement plan. My request will be processed within 90 days.

Signature

Date

Special Tax Notice Regarding Plan Distributions

Participants should review the Special Tax Notice regarding plan distributions (attached) before deciding how to receive benefits from the employer’s 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

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.

Participant'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

Date

****Lump Sum Payment Options**

A return of contributions from the Plan that is eligible for "rollover" (pre-tax contributions) can be taken in two ways. You can have all or any portion of your payment either (A) PAID IN A "DIRECT ROLLOVER" **OR** (B) PAID TO YOU. A rollover is a payment of your Plan benefits to your individual retirement account (IRA) or to another employer plan. Your choice will affect the taxes you owe. Consult a tax professional if you have questions. Please make your choice 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.
Wire Instructions:
Bank Name: _____
Bank Address: _____
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

Date

**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. Request for Return of Contributions Only 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

Contact Number: (850) 222-9684