



FMPTF 401(a) Defined Contribution
Request to Move Unvested Accounts to Forfeiture

Plan Name: _____

SSN	Participant Last Name	Participant First Name	Hire Date	Termination Date	Vesting %

Employer Sign-off

The participant(s) listed above is/are no longer employed with the member listed above. Please move the unvested portion of the participant's account to the plan's forfeiture account. I approve the transfer requested by this form.

Employer Signature

Date

Name/Title

Employer: please send paperwork 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