



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

SHARE PLAN DISTRIBUTION FORM

Plan Name: _____

Name: _____ *Social Security #: _____

Address: _____ City: _____ State ____ Zip _____

Date of Termination: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

SPECIAL TAX NOTICE REGARDING PLAN DISTRIBUTIONS

Participants should review the Special Tax Notice regarding plan distributions before deciding how to receive your benefits from your Employers' 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 individual retirement account (IRA) or other qualified plan.

I have reviewed and understood the provisions of the Special Tax Notice Regarding Plan Distributions.

Signature of Participant

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.

****LUMP SUM PAYMENT OPTIONS:**

A distribution from the Share Plan that is eligible for a "rollover" 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 qualified plan. Your choice will affect the taxes you owe. Consult a tax professional if you have questions. Please make your choice on the line provided.

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. In order to receive my payment, I have enclosed a completed **Direct Deposit Agreement** and **voided check** to this form.

Participant 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 EMPLOYER:

*If this is a recurring Share Plan payment, Employer signature is **not** required*

Last day of employment: _____

Employer Signature, Title

Date

Please submit ALL of the following:

1. Share Plan Distribution 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