

<u>Florida Municipal Pension Trust Fund</u> Mailing address: **ATTN: Retirement Services** P.O. Box 1757

Tallahassee, FL 32302-1757

Telephone: Toll free (888) 945-7401 Fax: 850-222-380

Email: FMPTF@flcities.com

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

SHARE PLAN DISTRIBUTION FORM

This application must be signed in <u>all</u> areas where Signature is requested or it will be returned to you

Employer Name:			
Name:	*Social Security #:	:	
Address:	City:	State _	Zip
Date of Termination:			
Home Phone:	Cell Phone:		
Email address:			
SPECIAL TAX NOTICE REGARDING PLAN DISTRI	IBUTIONS		
Participants should review the Special Tax Not your benefits from your Employers' Retiremen distribution is required to be withheld for feder plan benefits to another individual retirement a	nt Plan. In particular, this ral income tax purposes ur	notice explains	that 20% of your plar
I have reviewed and understood the provisions	of the Special Tax Notice	Regarding Plan	Distributions.
Signature of Participant	 Date		_

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^{*}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 A. Direct Rollover <u>OR</u> B. Paid to you:			
A. DIRECT ROLL	<u>OVER</u>			
	choose a direct rollover. I am rolling over to (choose o	ne):Traditional IRA Deferred Comp 457(b) Other (specify)		
	Account # where your funds are being rolled over to:			
MARI	YOUR CHOICE BELOW FOR YOUR ROLLOVER – EITHER	R A CHECK OR A WIRE:		
CHECK - I choose to have a check paid/mailed to my financial institution. Payment can				
	only be made DIRECTLY to your financial institution	AND MAILED to your financial		
	institution.			
	Make check payable to: and mail che	ck to		
	Wire Instructions for Rollover ONLY: (If you are receiving functions) Bank Name:			
	Bank Address:			
	ABA#:			
	Bank Acct#:			
PAID TO YOU				
В	I acknowledge that 20% will be withheld from my plan owithholding may be required for early distribution. In owenclosed a completed Direct Deposit Agreement and we	order to receive my payment, I have		
Participant Signature	D. D.	ate		

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^{**}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:	Share plan distribution amount:			
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