Florida Municipal Pension Trust Fund
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 all 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 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 A. Direct Rollover OR B. Paid to you:

A. DIRECT ROLLOVER

_____ I choose a direct rollover. I am rolling over to (choose one): ___Traditional IRA
___ Deferred Comp 457(b)
___ Other (specify) _____

Account # where your funds are being rolled over to: _____

MARK YOUR CHOICE BELOW FOR YOUR ROLLOVER – EITHER 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 check to _____

If you are receiving funds directly DO NOT complete this section – you will complete a Direct Deposit Agreement with your account information.

____ **WIRE** - I choose to have my **rollover** payment wired directly to my financial institution.

Wire Instructions for Rollover ONLY:

Bank Name: _____
Bank Address: _____
ABA#:_____
Bank Acct#: _____

B. PAID TO YOU

_____ 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: _____ 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