## Direct Transfer/Withholding Authorization Lump Sum/Hardship Distributions

PLAI	N NAME: City of Cocoa Firefighters Pension Trust Fund	
PAR	TICIPANT NAME:	
SOC	IAL SECURITY NUMBER:	
appli withh prop	<b>Cholding Requirement</b> - A 20% mandatory income tax withhole es to distributions that are eligible for rollover, but are not direct holding obligation must be satisfied regardless of whether the dierty or cash. <i>Failure to make an election will result in an au withholding.</i>	ly transferred. The stribution is made in
	Yes, withhold at mandatory 20%	
	Yes, withhold 20% plus additional \$ or %	
	No, Direct Transfer my distribution as follows:	
	(IRA Account Name / Financial Institution)	
	(IRA Account Number)	
	Please forward this check directly to the IRA Institution	
	(IRA Institution Mailing Address)	
	Please return this check to me for forwarding to my IRA Institution	
	(Participant's Signature)	(Date)
	(Plan Administrator's Signature)	(Date)

