



# CORAL GABLES FIREFIGHTERS' PENSION TRUST FUND

## APPLICATION FOR ACCOUNT DISTRIBUTION

(Please print legibly or type)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Day Work: \_\_\_\_\_ Date Eligible: \_\_\_\_\_

**I am requesting a distribution of my Share Plan benefits. My service with the City will terminate/ ended on \_\_\_\_\_ . I understand that I may choose one of the following forms of distribution:**

### CHECK THE DESIRED PAYMENT DISTRIBUTION OPTION:

- a. \_\_\_\_\_ Partial Distribution or Transfer/Rollover - I request to receive a partial distribution of my Share Account of at least \$10,000, less any required tax withholding. I have been provided a copy of the Special Tax Notice concerning distributions and rollovers.

I elect to receive \$ \_\_\_\_\_ in cash or rolled over to the following financial institution:

\_\_\_\_\_  
Name of Financial Institution Receiving Funds

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Account Number

- b. \_\_\_\_\_ Full Distribution or Transfer/Rollover - I request a full distribution of my entire Share Account paid directly to me or transfer/rollover to another qualified retirement plan. I have been provided a copy of the Special Tax Notice concerning distributions and rollovers.

\_\_\_\_\_  
Name of Financial Institution Receiving Funds

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Account Number

*If you choose to receive all or a portion of your payment in cash, 20% of the taxable portion of the payment will be automatically withheld for federal income tax and deducted from your payment.*

Note: The standard form of payment of the Share Account benefit is a cash Lump-Sum or partial Lump-Sum distribution of the balance in your account, and you can elect to have all or a portion of your account paid directly to an eligible retirement plan as a transfer or direct rollover. The form of payment you choose may have tax consequences for you. **If a written election to receive a distribution of the Share account is not submitted following termination of City employment or death, your Share account will continue to receive investment earnings credited at the same rate as the Pension Fund investments.**

IF YOU SEPARATE FROM SERVICE PRIOR TO THE YEAR IN WHICH YOU HAVE YOUR 50<sup>th</sup> BIRTHDAY, YOU WILL BE SUBJECT TO A TEN (10%) PERCENT IRS TAX PENALTY ON ALL DISTRIBUTIONS RECEIVED PRIOR TO AGE 59-1/2.

**PRIOR TO COMPLETING THIS FORM IT IS STRONGLY RECOMMENDED THAT YOU CONSULT WITH AN ACCOUNTANT, FINANCIAL ADVISOR, TAXPLANNER OR ATTORNEY WITH REGARD TO THE TAX CONSEQUENCES OF YOUR DECISION.**

**I certify that I am electing the form of benefit marked above. This election revokes any prior election I have made.**

\_\_\_\_\_  
(Signature) (Date)

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, appeared before me \_\_\_\_\_ by means of ☐ physical presence ☐ online notarization and who is ☐ personally known to me or ☐ has produced \_\_\_\_\_ as identification, and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
At Large

My Commission Expires:

My Commission Number Is:

Please return to: Coral Gables Firefighters' Pension Trust Fund  
c/o Resource Centers, LLC  
4360 Northlake Blvd., Suite 206  
Palm Beach Gardens, FL 33410  
Fax: 561-624-3278