

Eustis Firefighters Pension

Application for Distribution of Share Account

PLEASE PRINT OR TYPE:

1. a. Name of Applicant: _____
- b. Social Security Number: _____
- c. Date of Birth: _____
- d. Home Telephone: _____
- e. Home Address: _____

2. a. Are you currently married? Yes _____ No _____

If yes, please complete the following:

- b. Name of Spouse: _____
- c. Spouse's Social Security Number: _____
- d. Spouse's Date of Birth: _____
- e. Date of Marriage: _____

3. Name(s) and Date(s) of Birth of Child(ren): (Attach additional page if necessary)

Name:

Date of Birth:

4. Names of Your Living Parents:

Mother:

Father:

5. Date of Hire by the City as a Firefighter: _____

6. Date of Separation from Service: _____

7. Type of Retirement you are receiving and/or Reason for Distribution Request:

_____ Early Retirement

_____ Non-Duty Disability

_____ Normal Retirement

_____ Separation with 5 or more years of service

_____ Line-of-Duty Disability

8. The following form of benefit election must be completed reflecting the form of payment of your choice. The form of payment you choose may have tax consequences. The Board of Trustees does not offer tax advice. Please consult a tax advisor before making your election.

CHECK THE DESIRED OPTION AFTER CONSULTING WITH THE FINANCIAL PLANNER OF YOUR CHOICE. THE BOARD OF TRUSTEES MAKES NO REPRESENTATION REGARDING WHICH OPTION IS BEST FOR YOU:

a. _____ Direct Rollover

Name of Financial Institution Receiving Funds

Address of Financial Institution

Account Number

b. _____ Immediate Cash Distribution

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

I hereby certify that I have read and understand all of the above, including that I should discuss my options with a financial planner or tax consultant, and understand that false statements may disqualify me from receiving benefits. This benefit election revokes any prior elections I may have made for amounts that have not yet been distributed from my share account.

Applicants Signature

Date

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, 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 _____, 20____.

Notary Public, State of Florida
At Large

My Commission Expires:

NOTARY MAY NOT BE A RELATIVE

Please return completed form to: Eustis Firefighters Pension Plan
c/o Pension Resource Center, LLC
4360 Northlake Boulevard, Suite 206
Palm Beach Gardens, FL 33410