Eustis Police Officers' Retirement System

Application for Retirement

Name:	SSN:
Address:	
City:	State: Zip Code:
Phone:	Email:
Date of Birth:	Date of Hire:
Last Day Work:	Date Eligible:
Did you serve the City of Eustis in a civ	lian capacity before becoming a sworn police officer? \square Yes $\ \square$ No
Retirement Type: (Check One)	
Normal Retireme	nt Early Retirement Vested Terminated
formal calculation of your retirement selection then. For now, please provious are just in order to prepare the calculation.	ntial. You will be provided, usually within 30 days after retirement, with a benefits including these optional forms of payment and will make that e below information on any potential joint annuitant. The questions below lation, your final selection will be made afterwards once you receive the selection. Is Beneficiary Your Spouse? Yes No
Social Security Number:	Date of Birth*:
	* (Please provided birth certificate or driver's license for proof of age)
Sigr	ature of Applicant (requires notarization below) Date
COUNTY OF	
BEFORE ME, the undersigned author	ty, personally appeared as identification and who did take an
oath and, after being duly cautioned a for the reasons therein contained.	nd sworn, deposes and says that he/ she has signed the foregoing document
SWORN TO AND SUBSCRIBED before r	e this the day of,
Notary Public	
My Commission Expires: My Commission Number Is:	

Return to: Eustis Police Officers' Retirement System, 4360 Northlake Boulevard, Suite 206, Palm Beach Gardens, FL 33410

Eustis Police Officers' Retirement System

Direct Deposit Form

Na	me:	SSN:	
Ad	dress:		
Cit	y:	State:	Zip Code:
Ph	one:	Email:	
finathe aut eff cha info	uthorize Eustis Police Officers' Retinancial institution account indicated be Retirement System receives writte thorization must be received by the fect on the 1 st of the following monange will take effect; therefore, you normation is verified and processed. Feeiving your payment. I have attache ceptable).	relow. This authorization will remain notification from me of its term Retirement System no later than oth. All new account information hay receive a paper check for one release be sure your correct address	in in full force and effect until hination. Any changes to this the 12 th of the month to take will be pre-noted before the nonth before the new account is on file to avoid any delay in
	(Member Si	gnature)	(Date)
A.	CHECKING:		
	Institution:	Branch:	
	City:	State:	
	Routing/ABA No:	Account No:	
В.	SAVINGS:		
	Institution:	Branch:	
	City:	State:	
	Routing/ABA No:	Account No:	

Please Attach a "VOID" Check or Letter from Your Financial Institution or Account

Requests will not be processed without a VOID check or a letter from the financial institution or bank. The check or typed confirmation from the financial institution <u>MUST</u> have the following information: checking or savings account number, bank routing number, and the account owner(s) name. Starter checks are not acceptable.

Return to: Eustis Police Officers' Retirement System, 4360 Northlake Boulevard, Suite 206, Palm Beach Gardens, FL 33410 Fax: 561-624-3278

Eustis Police Officers' Retirement System

Designation of Beneficiary Form

Member Name:		SSN:	
Department:		Hire Date:	
event of my death. Pay m designated person(s). If p	(Please Print Only wing person(s) as my principal but share of the Plan in equal shapercentages shown below for some benefits in proportion to the proportio	eneficiary(ies) entitled to recei ares (or percentages indicated surviving beneficiaries do not	below) to the following
(Name)	(Percentage)	(Name)	(Percentage)
(Social Security Number)	(Relationship)	(Social Security Number)	(Relationship)
(Date Of Birth) (F	Phone Number)	(Date Of Birth)	(Phone Number)
beneficiary(ies) entitled to	ed beneficiary(ies) survive me, receive any benefit due in the cated below) to the following de	event of my death. Pay my sh	
		· · · · · · · · · · · · · · · · · · ·	
(Social Security Number)	(Relationship)	(Social Security Number)	(Relationship)
(Date Of Birth) (F	Phone Number)	(Date Of Birth)	(Phone Number)
_	peneficiaries revokes and supers Retirement Plan. I understand t	_	
	Signature of Member (red	quires notarization below)	Date
personally known to me of oath and, after being duly of for the reasons therein con	ned authority, personally appear has producedcautioned and sworn, deposes ar	as identificatind says that he/ she has signed	ion and who did take an the foregoing document
Notary Public My Commission Expires: My Commission Number Is			

Return to: Eustis Police Officers' Retirement System, 4360 Northlake Boulevard, Suite 206, Palm Beach Gardens, FL 33410



Department of the Treasury Internal Revenue Service

Your signature ▶

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2015

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2015

What do I need to do? Complete lines A through G of the Personal Allowances Worksheet. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at *www.irs.gov/w4p*. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

		Personal Allowances Worksheet (Keep for your record	ds.)		
A Ente	• You are sing	one else can claim you as a dependent			Α
B Ente	er "1" if: { has no income	e from a second pension or a job or your spouse's			В
inco	pension or wa er "1" for your spouse . E ome subject to withholdii	ages (or the total of all) is \$1,500 or less. But, you may choose to enter "-0-" if you are married and have eiging or more than one source of income subject to withholding. (Eax withheld.)	Entering "-0-	" may help	С
E Ente	er "1" if you will file as he	ts (other than your spouse or yourself) you will claim on your tax read of household on your tax return			D
• If you	your total income will be have two to four eligible	additional child tax credit). See Pub. 972, Child Tax Credit, for more less than \$65,000 (\$100,000 if married), enter "2" for each eligible children or less "2" if you have five or more eligible children.	le child; ther	n less "1" if	
eligi	ible child	e between \$65,000 and \$84,000 (\$100,000 and \$119,000 if marr			F
con all wor	nplete rksheets t apply. • If you are s married a combined Pensions • If neither o of Form W	eductions and Adjustments Worksheet on page 2. single and have more than one source of income subject to wand you and your spouse both have income subject to withhold income from all sources exceeds \$50,000 (\$20,000 if married), so the above situations applies, stop here and enter the number for y-4P below. In divine the divined by the payer of your pension or annuity. Keep the to	Iding and yo ee the Multip too little tax from line G o	ur ble withheld. In line 2	
•				ur recoras.	
	NLAD	Withholding Cartificate for		OMB No. 15	545-0074
Departmen	N-4P	Withholding Certificate for Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see page 4.		OMB No. 15	 545-0074 15
Departmen		_	Your	OMB No. 15	15
Departmen Internal Re Your firs	nt of the Treasury evenue Service st name and middle initial ddress (number and street o	Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see page 4. Last name	Claim (if any	OMB No. 15	number
Departmen Internal Re Your firs	nt of the Treasury evenue Service st name and middle initial	Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see page 4. Last name	Claim (if any	OMB No. 15	number
Departmen Internal Re Your firs Home ac City or to Complete Compl	at of the Treasury evenue Service st name and middle initial ddress (number and street of own, state, and ZIP code ete the following applic eck here if you do not want all number of allowances	Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see page 4. Last name or rural route)	Claim (if any annuit	OMB No. 15 Social security or identification of your pension ty contract e 2 or 3.) ▶ pension or	number

Date ▶

Form W-4P (2015) Page **2**

	Deductions and Adjustments Worksheet							
Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.								
1	charitable con or your spous 2015, you ma married filing j you are single	tributions, st e was born l y have to red jointly or are and not hea	ate and local taxes, before January 2, 19 duce your itemized a qualifying widow d of household or a	, medical exp 951) of your deductions i (er); \$284,05 qualifying w	e include qualifying hopenses in excess of 1 income, and miscellar fyour income is over 50 if you are head of idow(er); or \$154,950	0% (7.5% if aneous dedu \$309,900 a household; (if you are ma	either you ctions. For nd you are \$258,250 if arried filing	\$
			ed filing jointly or qu					<u>, , , , , , , , , , , , , , , , , , , </u>
2		250 if head o	f household or married filing sepa	aratelv	}		2	\$
3		_	• .	-			3	\$
4	 Subtract line 2 from line 1. If zero or less, enter "-0-"						\$	
5					dit amounts from the			•
			,	•	ub. 505.)	_		\$
6	Enter an estim	ate of your 2	015 income not sub	ject to withh	olding (such as divide	nds or intere	est) 6	\$
7	Subtract line	6 from line 5.	If zero or less, ente	r "-0-"			7	\$
			-		here. Drop any fractio			
					eet, line G, page 1 .			
10	Worksheet, a	lso enter thi	s total on line 1 be	low. Otherw	Multiple Pensions/M oise, stop here and e	nter this tota	al on Form	
	W-4P, line 2, p	page 1						
					Than-One-Income			
					ere. This applies if you (an sion, or a pension and a jo			
1					0 above if you used			
2					EST paying pension of			
					t from the highest pa			
	\$65,000 or les	s, do not ent	er more than "3" .				2	
3					om line 1. Enter the rest of this worksheet			
No					e 2, page 1. Complete			the additional
			to avoid a year-end		71 0		0	
4	Enter the num	ber from line	2 of this worksheet			4		
5	Enter the num	ber from line	1 of this worksheet			5		
	Subtract line						6	
7					EST paying pension o			\$
8		•			e additional annual wi	-		\$
9					15. For example, divid			
					 Enter the result he from each payment 			•
	ine 3, page 1.			be withheld	Tom each payment	 Tol		\$
	Table 1 Married Filing Jointly All Others				Married Filing J		ble 2 All Oth	ore
					-	_		
	ges from LOWEST ng job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are-	
	\$0 - \$6,000 6,001 - 13,000	0	\$0 - \$8,000 8,001 - 17,000	0	\$0 - \$75,000 75,001 - 135,000	\$600 1,000	\$0 - \$38,000 38,001 - 83,000	\$600 1,000
1	3,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
	4,001 - 26,000 6,001 - 34,000	3 4	26,001 - 34,000 34,001 - 44,000	3 4	205,001 - 360,000 360,001 - 405,000	1,320 1,400	180,001 - 395,000 395,001 and over	1,320 1,580
3	4,001 - 44,000	5 6	44,001 - 75,000	5	405,001 and over	1,580		
	4,001 - 50,000 0,001 - 65,000	7	75,001 - 85,000 85,001 - 110,000	6 7				
6	5,001 - 75,000	8 9	110,001 - 125,000 125,001 - 140,000	8				
	5,001 - 80,000 0,001 - 100,000	10	125,001 - 140,000 140,001 and over	9 10				
10	0,001 - 115,000	11						
	5,001 - 130,000 0,001 - 140,000	12 13						
14	0,001 - 150,000	14						
15	0,001 and over	15						1

Form W-4P (2015) Page ${f 3}$

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2015. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one-income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution*—20% withholding on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,720 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) unless you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Form W-4P (2015)

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments*—10% withholding on page 3.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, are not included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or you would have received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

Page 4

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.