

Eustis Police Officers' Retirement System

Request for Refund of Member Contributions

Member Name: _____ Member SSN: _____

Hire Date: _____ Term Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Will you continue to serve the City of Eustis in either a part-time or civilian position? ☐ Yes ☐ No

If yes, in what capacity _____

Have you ever received a refund of your contributions before for a prior term of service with the City of Eustis Police Department? ☐ Yes ☐ No If yes, approximate year and amount received: _____

The following form of election must be completed below reflecting the form of payment of your choice. The form of payment you choose may have tax consequences for you, which are described within the Special Tax Notice.

1. _____ Immediate Cash Distribution

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

2. _____ Direct Rollover to a Qualified Plan*:

Financial Institution Receiving Funds _____

Address of Financial Institution _____

Name of Agent of Financial Institution _____

Type of Account _____ (IRA, etc.)

Account Number _____

*A qualified plan is a tax qualified retirement account such as an Individual Retirement Account, not a checking account

I request a refund of my employee contributions under the provisions of the Plan. I acknowledge that in taking this refund I waive for myself, my heirs and assign all rights, title and future interest in the Plan that I might otherwise have had. I have been provided with the Special Tax Notice Regarding Plan Payments, and am aware that unless I roll this distribution over into another eligible employer plan or IRA, 20% will be withheld for taxes, as required by law.

Signature of Applicant (requires notarization below)

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 _____, ____.

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
Refunds of Contributions may take up to 60 days to process