

# Fort Pierce Police Officers' Pension Fund

## DROP Distribution Form

PLEASE PRINT OR TYPE:

1) Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)  
Home Phone Number (\_\_\_\_) \_\_\_\_\_ The last day I plan to work (\_\_\_\_)  
Home Address: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip)

2) The last day I plan to work: \_\_\_\_\_

I hereby direct payment of my entire DROP balance in a distribution as follows:

<input type="checkbox"/> 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 withheld automatically for federal income tax and subtracted from your payment.)
<input type="checkbox"/> Direct Rollover:	_____ (Name of Financial Institution Receiving Funds) _____ (Address) Account Number: _____
<input type="checkbox"/> Combination:	I wish to receive the amount of \$ _____ as a cash distribution (subject to 20% tax withholding) and rollover the balance to the account listed above.

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 MAY NOT BE A RELATIVE

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

Please return to:  
Fort Pierce Police Officers' Retirement Fund  
c/o Pension Resource Center, LLC  
4360 Northlake Boulevard, Suite 206  
Palm Beach Gardens, FL 33410

My Commission Expires:

My Commission Number Is:

