

**CITY OF GULFPORT
FIREFIGHTERS' RETIREMENT PENSION FUND
ROLLOVER REQUEST/CERTIFICATION**

NOTE: Form PF-18, Request for Service Credit Cost Information for Military Service, and/or Form PF-19, Request for Service Credit Cost Information for Prior Fire Service, must be submitted and the purchase of credited service must be approved prior to any rollover of funds.

PART A: THIS SECTION IS TO BE COMPLETED BY THE MEMBER
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Member Name: _____ SS#: _____

Address/City/State: _____ Zip: _____

Telephone Number: _____ (Work) _____

(Home) _____

I understand that the City of Gulfport Firefighters' Retirement Pension Fund is a tax qualified defined benefit plan and may accept rollovers from qualified 401(a) plans (401k, profit sharing plan, defined benefit plans, money purchase plans or other eligible employer plans) 403(a) annuity plans, 403(b) tax sheltered annuities, eligible plans under Section 457(b) maintained by state, political subdivisions of states, or any agency or instrumentality of a state or political subdivision of a state or traditional IRAs (not Roth IRA, Simple IRA or Coverdell Education Savings Account). Rollovers can only be used to purchase permissible credited service as provided for in the City of Gulfport Firefighters' Retirement Pension Fund.

I choose to rollover \$ _____ to the City of Gulfport Firefighters' Retirement Pension Fund.

I understand that the City of Gulfport Firefighters' Retirement Pension Fund will rely on the information contained on this Rollover Request/Certification in approving this rollover.

Signature _____ Date _____

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."

**PART B: THIS SECTION IS TO BE COMPLETED BY THE PLAN ADMINISTRATOR
OR TRUSTEE OF THE PLAN FROM WHICH THE ROLLOVER IS BEING MADE**

- A. I certify the funds being rolled over are from a:
- _____ 401(a) [401k, profit sharing plan, defined benefit plan, money purchase plan, other eligible employer plan] **CIRCLE ONE**
- _____ 403(a) [annuity plan]
- _____ 403(b) [tax sheltered annuity]
- _____ 457(b) [eligible deferred compensation plan maintained by government employer]
- _____ 408(a) [traditional IRA, not Roth IRA, Simple IRA or a Coverdell Education Savings Account]
- B. I certify that these funds are an eligible rollover distribution as defined by the Internal Revenue Code and the entire rollover amount would be otherwise includible in gross income if not rolled over.
- C. ☐ I certify that I am the Plan Administrator
- ☐ I certify that I am the IRA Trustee
- ☐ I certify that I am the Qualified Plan Trustee
- D. _____ Attached is a check in the amount of \$_____ as a rollover distribution.
- _____ A check in the amount of \$_____ will be sent under separate cover.
- _____ A check in the amount of \$_____, representing a net distribution from the above eligible fund, less applicable taxes, was provided to _____, on _____, 20____.
- Name of Member
- The gross distribution amount was \$_____.

Plan or Account

Authorized Signature

Typed Name and Title of Authorized Representative

Mailing Address

Date

City

State

Zip

Please return completed form to:

City of Gulfport Firefighters' Retirement Pension Fund
c/o Pension Resource Center
4360 Northlake Blvd.
Palm Beach Gardens, FL 33410