

**CITY OF GULFPORT  
MUNICIPAL POLICE OFFICERS' TRUST 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 Police Service, must be submitted and the purchase of credited service must be approved prior to any rollover of funds.

<b>PART A: THIS SECTION IS TO BE COMPLETED BY THE MEMBER</b>
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Member Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address/City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Work) \_\_\_\_\_

(Home) \_\_\_\_\_

I understand that the City of Gulfport Municipal Police Officers' Trust 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 Municipal Police Officers' Trust Fund.

I choose to rollover \$ \_\_\_\_\_ to the City of Gulfport Municipal Police Officers' Trust Fund.

I understand that the City of Gulfport Municipal Police Officers' Trust 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."
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**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 Municipal Police Officers' Trust Fund  
c/o Pension Resource Center  
4360 Northlake Blvd., Suite 206  
Palm Beach Gardens, FL 33410