

**TOWN OF JUPITER POLICE OFFICERS' RETIREMENT FUND
APPLICATION FOR DISTRIBUTION OF SHARE ACCOUNT BALANCE**

PLEASE PRINT OR TYPE:

NAME OF RETIREE: _____

SOC. SECURITY NUMBER: _____ DATE _____

I hereby direct payment of my Share Account distribution as follows

Please check a distribution option below:

Direct Rollover: _____

The Fund is directed to make a direct rollover to the IRA qualified investment vehicle at the following institution:

(Name of Financial Institution Receiving Funds)

(Address)

Account Number: _____
(Copy of account statement or confirmation from receiving Financial Institution must be attached.)

Immediate Cash Distribution: _____

The Fund is directed to make full lump sum payment to the member, less any applicable withholding described in the SPECIAL TAX NOTICE received with this election form.

Combination Cash/Rollover: _____

The Fund is directed to make a partial lump sum payment to the member, less any applicable withholding described in the SPECIAL TAX NOTICE received with this election form; and rollover the remaining balance of the member's Share account to another qualified retirement plan.

\$ _____ in cash with the remaining balance of the member's Share account to be rolled over to the following financial institution:

(Name of Financial Institution Receiving Funds)

(Address)

Account Number: _____
(Copy of account statement or confirmation from receiving Financial Institution must be attached.)

The form of payment chosen may have tax consequences therefore it is recommended that you consult a tax advisor before making this election. The SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS gives information regarding options for a lump sum distribution from the Retirement Fund. I hereby acknowledge that I have received the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. I hereby certify that the above statements are true and correct to the best of my knowledge.

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

My Commission Expires:

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