

# Lake Worth Division II Firefighters' Relief and Pension Fund

## Application for Distribution of Share Account

PLEASE PRINT OR TYPE:

1. a. Name of Applicant: \_\_\_\_\_  
b. Social Security Number: \_\_\_\_\_  
c. Date of Birth: \_\_\_\_\_  
d. Home Telephone: \_\_\_\_\_  
e. Home Address: \_\_\_\_\_  
\_\_\_\_\_

2. a. Are you currently married? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

- b. Name of Spouse: \_\_\_\_\_
- c. Spouse's Social Security Number: \_\_\_\_\_
- d. Spouse's Date of Birth: \_\_\_\_\_
- e. Date of Marriage: \_\_\_\_\_

3. Name(s) and Date(s) of Birth of Child(ren): (Attach additional page if necessary)

Name:

Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Names of Your Living Parents:

Mother:

Father:

\_\_\_\_\_

\_\_\_\_\_

5. Date of Hire by the City as a Firefighter: \_\_\_\_\_

6. Date of Separation From Service: \_\_\_\_\_

7. Type of Retirement you are receiving and/or Reason for Distribution Request:

- \_\_\_\_\_ Early Retirement                      \_\_\_\_\_ Non-Duty Disability
- \_\_\_\_\_ Normal Retirement                      \_\_\_\_\_ Separation with 10 or more years of service
- \_\_\_\_\_ Line-of-Duty Disability

8. The following form of benefit election must be completed reflecting the form of payment of your choice. The form of payment you choose may have tax consequences. The Board of Trustees does not offer tax advice. Please consult a tax advisor before making your election. **Note: No earnings or losses will be credited to your account after the first of the month after you separate from employment with the City.** You will receive your prorated share of any Chapter 175 monies received from the state or forfeitures occurring between January 1 and the date you terminate employment with the City.

CHECK THE DESIRED OPTION AFTER CONSULTING WITH THE FINANCIAL PLANNER OF YOUR CHOICE. THE BOARD OF TRUSTEES MAKES NO REPRESENTATION REGARDING WHICH OPTION IS BEST FOR YOU:

**PLEASE NOTE THAT THERE WILL BE A WITHHOLDING OF 30% OF THE BALANCE TO YOUR SHARE ACCOUNT TO COVER ANY MARKET ADJUSTMENTS THAT MIGHT NEED TO BE MADE.**

- \_\_\_\_\_ 1. Lump-Sum Payment
- a. \_\_\_\_\_ Direct Rollover

\_\_\_\_\_  
Name of Financial Institution Receiving Funds

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Account Number

- b. \_\_\_\_\_ Immediate Cash Distribution
- If you choose to receive all or a portion of your payment in cash, 20% of the taxable portion of the cash payment will be automatically withheld for federal income tax and deducted from your payment.

- \_\_\_\_\_ 2. Annual Payments (Payments will be made in equal amounts annually)
- Select number of years for payment to be made (not to exceed 5 years): \_\_\_\_\_
- a. \_\_\_\_\_ Direct Rollover

\_\_\_\_\_  
Name of Financial Institution Receiving Funds

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Account Number

- b. \_\_\_\_\_ Immediate Cash Distribution
- If you choose to receive all or a portion of your payment in cash, 20% of the taxable portion of the cash payment will be automatically withheld for federal income tax and deducted from your payment.

PLEASE NOTE THAT ANY FUTURE DISTRIBUTION OF YOUR SHARE ACCOUNT DUE TO YOUR PRORATED SHARE OF CHAPTER 175 MONIES RECEIVED FROM THE STATE OF FLORIDA OR FORFEITURES OCCURRING BETWEEN JANUARY 1 AND THE DATE YOU TERMINATE EMPLOYMENT WITH THE CITY WILL BE MADE USING THE SAME FORM OF DISTRIBUTION THAT YOU ELECTED FOR THE INITIAL DISTRIBUTION.

THE FUND WILL ATTEMPT TO ARRANGE FOR THE INITIAL DISTRIBUTION TO BE MADE WITHIN 30 DAYS OF SEPARATION OF EMPLOYMENT WITH THE CITY.

I hereby certify that I have read and understand all of the above, including that I should discuss my options with a financial planner or tax consultant, and understand that false statements may disqualify me from receiving benefits.

This benefit election revokes any prior elections I may have made for amounts that have not yet been distributed from my share account.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Applicants Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (name of Applicant), who is personally known to me or has produced \_\_\_\_\_ as identification.

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

STAMP SEAL HERE

My Commission Expires: \_\_\_\_\_

My Commission Number is:\_\_\_\_\_

**NOTARY MAY NOT BE A RELATIVE**

Please return completed form to: Lake Worth Division II Firefighters' Relief and Pension Fund  
c/o Resource Centers, LLC  
4360 Northlake Boulevard, Suite 206  
Palm Beach Gardens, FL 33410