

Lake Worth Firefighters' Pension Trust Fund

Refund of Contributions

This notice advises you that I have resigned from the Lake Worth Fire Department effective _____. Please arrange to refund to me all contributions I have paid into the **Lake Worth Firefighters' Pension Trust Fund (the "Pension Plan")**. **In accepting this refund of my contributions, I understand and agree that I forfeit all rights in the Pension Plan, including but not limited to my right to receive a benefit from the Pension Plan.**

Payment Options:

☐ **Direct Rollover:**

(Name of Financial Institution Receiving Funds)

(Address)

Account Number: _____

☐ **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.)

(Name- Please Print)

(Social Security Number)

(Signature)

(Address)

(Date)

(City, State, Zip Code)

(Date of Birth)

(_____) _____
Telephone Number

Lake Worth Firefighters' Pension Trust Fund

Refund of Contributions

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 Public, State of Florida
At Large

My Commission Expires:

My Commission Number Is:

NOTARY MAY NOT BE A RELATIVE

Please return to: Lake Worth Firefighters Retirement Plan
 c/o Pension Resource Center, LLC
 4360 Northlake Blvd., Suite 206
 Palm Beach Gardens, FL 33410

Date of Employment: _____

Date of Termination: _____

The above resignation is hereby confirmed.

CONFIRMED BY:

(Name) (Date)

(Title)

(Administrator)

cc: Pension File