

**LAKE WORTH POLICE RELIEF AND PENSION FUND**  
**DIVISION 2**  
**DISTRIBUTION FORM**

*Notice to Plan Participants: This form is designed to provide a distribution to you, or a direct rollover from your retirement plan. You must complete section 1, 2 and 3. If you are electing a direct rollover, a transfer authorization from the receiving institution must be attached. Section 4 will be completed by the Plan Administration. If any section is not completed properly, this form cannot be processed and will be returned.*

**SECTION 1**

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

Home Address: \_\_\_\_\_

Address

Street

Town

State

Zip Code

Date of Birth: \_\_\_\_\_  
Month-Day-Year

Date of Hire: \_\_\_\_\_  
Month-Day-Year

Employee Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**SECTION 2**

Amount of Distribution:

☐ Total Account Balance ☐ Other \$ \_\_\_\_\_

Method of Distribution:

- ☐ Direct rollover (Attach a transfer authorization from receiving institution.)
- ☐ Lump sum paid to you (Mandatory 20% Federal Tax Withholding unless your current age is at least 70½. If you are 70½ a form W4-P must be attached.)
- ☐ In the amount of \$ \_\_\_\_\_ or paid over a period not to exceed five (5) years. (Mandatory 20% Federal Withholding unless installments are for a period of ten (10) years or more. If you elect installments for a period equal to or greater than ten years, a W4-P must be attached.)

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**SECTION 3**

Authorization:

I understand that my request is subject to the terms and provisions of the plan.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF FLORIDA****COUNTY OF** \_\_\_\_\_

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public*In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:*\_\_\_\_\_  
Printed, typed or stamped name of Notary

\_\_\_\_\_ Personally known

\_\_\_\_\_ OR Produced identification

Type of identification produced: \_\_\_\_\_

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**SECTION 4 (For Plan Administrator Use Only)**

Reason for Distribution

- |                                      |                                     |   |  |
|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Termination | <input type="checkbox"/> Hardship   | <input type="checkbox"/> Disability       | <input type="checkbox"/> Voluntary after-tax             |
| <input type="checkbox"/> Age 50½     | <input type="checkbox"/> Retirement | <input type="checkbox"/> Age 70½ or older | <input type="checkbox"/> Death (Attach Beneficiary Form) |

Effective date of the indicated item: \_\_\_\_\_

Effective date of the distribution: \_\_\_\_\_

Outstanding loan balance \$ \_\_\_\_\_

Send check to ☐ company, ☐ participant, ☐ other

Distribution Code: \_\_\_\_\_

Amount approved: \$ \_\_\_\_\_

Percentage Vested: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Forward Original to Comerica, make copies for participant and Plan Administrator