

LAKE WORTH POLICE PENSION FUND

APPLICATION FOR DISTRIBUTION OF D.R.O.P. ACCOUNT BALANCE

PLEASE PRINT OR TYPE:

Name of Retiree: _____

Social Security Number: _____

Date of Birth: _____

Home Telephone: _ (_____) _____

Home Address: _____

CHECK THE DESIRED OPTION:

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. Other penalties in accordance to the Pension Protection Act 2006 may apply.)

Please check the one applicable statement:

_____ 1.) I hereby state that I **HAVE DISCUSSED** my election of payment method from the D.R.O.P. Account with the following Tax Advisor of my own choosing.

Name of Advisor

Company

_____2.) I have chosen **NOT TO CONSULT** with a Tax Advisor.

Participant's Signature

Date

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 / not 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 AND SUBSCRIBED before me this _____ day of _____, 20____.

My commission expires:

Seal

NOTARY PUBLIC, State of _____

Return to:
Pension Resource Center
4360 Northlake Boulevard, Suite 206
Palm Beach Gardens, FL 33410