

LANTANA POLICE PENSION FUND

REFUND OF CONTRIBUTIONS

This notice advises you that I have resigned from the Lantana Police Department with less than 10 years of service effective _____, 20 _____. Please arrange to refund to me all contributions I have paid into the Retirement Plan. Also, please see the accompanying Special Tax notice with details regarding your payment options.

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.

Member's Name: *(Please Print)* _____

Address: _____

Primary Phone: _____ **Other Phone:** _____
(Include Area Code) *(Include Area Code)*

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.

IRS CIRCULAR 230 NOTICE: To the extent that this message or any attachment concerns tax matters, it is not intended to be used and cannot be used by a taxpayer for the purpose of avoiding penalties that may be imposed by law.

I HEREBY remise, release, acquit, satisfy, and forever discharge the Fund of and from all, and all manner of action and actions, cause and causes of action, suits, debts, dues sums of money, accounts, reckonings, bonds, bills, specialties, covenants contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which are now resolved, pending or may arise in the future related to my refund of contributions. I specifically understand that this refund is in lieu of all benefits that I may be entitled to in any form from the Fund. Additionally, I have received and reviewed the attached calculations regarding the benefits that I would have received if I had not taken a refund of my contributions.

In consideration of my refund of contributions, I release the Fund from all manner of actions. I specifically understand that this refund is in lieu of any benefits that I may be entitled to in any form from the Fund.

**THIS FORM MUST BE NOTARIZED WHICH REQUIRES THAT
YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC**

MEMBER'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: _____