

**CITY OF MARCO ISLAND
POLICE OFFICERS' PENSION PLAN**

LUMP SUM DISTRIBUTION ELECTION FORM

To be completed by Plan Member (Transferor) with regard to the distribution to be received from the City of Marco Island Police Officers' Pension Plan, (the "Plan"):

Taxable Amount \$ _____

Non-taxable Amount \$ _____

Total Amount \$ _____

I. Please select option A, B or C below:

- A. The Plan is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form.

Signature of Member

Soc. Sec. No.

Date

- B. The Plan is directed to mail _____ % of the taxable portion of my distribution to _____ (Name of First Trustee or Plan) and _____ % of the taxable portion of my distribution to _____ (Name of Second Trustee or Plan) for deposit in accordance with the rollover provisions. The non-taxable portion will be:

_____ paid directly to me, the member.

_____ rolled over to the First/Second Trustee or Plan (only to traditional IRA or 401(a) plan)

Signature of Member

Soc. Sec. No.

Date

- C. The Plan is directed to mail \$ _____ of my distribution to _____ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions. The remainder of the taxable portion less any applicable withholding described in the Special Tax Notice received with this election form, plus the non-taxable portion, will be paid directly to me, the member.

Signature of Member

Soc. Sec. No.

Date

The Agreement of Receiving Trustee or Plan below must be completed
if Option B or C is selected.

II. Acknowledgement where election completed prior to 30 days after receipt of Special Tax Notice:

I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO MAKE AN INFORMED DECISION REGARDING MY OPTIONS, THAT I HAVE BEEN GIVEN THE CHANCE TO CONSIDER THE DECISION WHETHER TO ELECT A DIRECT ROLLOVER FOR AT LEAST 30 DAYS AFTER MY RECEIPT OF THE SPECIAL TAX NOTICE AND THAT I HAVE BEEN PROVIDED WITH INFORMATION CLEARLY INDICATING THAT I HAVE AT LEAST 30 DAYS TO MAKE THE DECISION, AND I HEREBY WAIVE THE 30 DAY WAITING PERIOD AND ELECT AN IMMEDIATE DISTRIBUTION IN ACCORDANCE WITH MY SELECTION IN I. ABOVE.

Signature of Member

Date

* * * * *

To be completed by the Authorized representative of the receiving Plan or IRA:

AGREEMENT OF RECEIVING TRUSTEE OR PLAN

In accordance with the above authorization of the Transferor, we agree to deposit the forthcoming rollover amount from the City of Marco Island Police Officers' Pension Plan into the following plan or account:

Type of Plan or Account receiving rollover (check one):

- * _____ 401(a) [401(k) profit-sharing plan, defined benefit plan, money purchase plan, other "eligible employer plan"]
- _____ 403(a) [annuity plan]
- _____ 403(b) [tax-sheltered annuity]
- _____ 457(b) [eligible deferred compensation plan maintained by government employer]
- _____ 408(a) [Traditional IRA (not Roth IRA, Simple IRA or a Coverdell Education Savings Account)]

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*If rollover includes after-tax contributions to a 401(a) eligible employer plan, the receiving 401(a) plan hereby agrees to accept such rollovers and agrees to separately account for such amounts rolled over including separate accounting for the after-tax employee contributions and earnings on these contributions.

Plan or Account

Authorized Signature

Authorized Signature

Typed Name/Title of Authorized Rep.

Typed Name/Title of Authorized Rep.

Mailing Address

Date

City

State

Zip Code

Return to:

City of Marco Island Police Officers' Pension Plan
The Resource Centers, LLC
4100 Center Pointe Drive
Suite 108
Fort Myers, FL 33916