

Palm Beach Gardens Police Officers' Pension Fund

Refund of Contributions

This notice advises you that I have resigned from the Palm Beach Gardens Police Department effective _____. Please arrange to refund to me all contributions I have paid into the Retirement 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.)

I understand that I may leave my contributions in the Plan for a period of five years after leaving the employ of the police department, pending the possibility of being re-hired by the Department, without losing credit for the time I participated actively as a police officer. If I am not re-employed as a police officer with the City's police department within five years, my contributions will be returned without interest.

(Name- Please Print)

(Social Security Number)

(Signature)

(Address)

(Date)

(City, State, Zip Code)

(_____) _____
Telephone Number

Palm Beach Gardens Police Officers' Pension Fund

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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: Palm Beach Gardens Police Officers' Pension Fund
c/o Pension Resource Center
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