
(Name- Please Print) (Social Security Number)

(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 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 Springs Police Officers' Pension Fund
c/o Pension Resource Center, LLC
4360 Northlake Blvd., Suite 206
Palm Beach Gardens, FL 33410

Palm Springs Police Officers' Pension Fund

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

PLEASE PRINT OR TYPE:

NAME OF RETIREE: _____

SOC. SECURITY NUMBER: _____

CHECK THE DESIRED OPTION:

- _____ 1. **Lump-Sum Payment**
a. _____ Direct Rollover

Name of Financial Institution Receiving Funds

Address of Financial Institution

Account Number

- b. _____ Immediate Cash Distribution

If you choose to receive all or a portion of your payment in cash, 20% of the taxable portion of the cash payment will be automatically withheld for federal income tax and deducted from your payment.

I certify that I am electing the form of benefit marked above. This election revokes any prior election I have made.

(Name- Please Print)

(Social Security Number)

(Signature)

(Date)

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Palm Springs Police Officers' Pension Fund

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

STATEMENT OF CONSULTATION WITH TAX ADVISOR

NAME: _____

SOC. SEC. # _____

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.

(Name- Please Print)

(Social Security Number)

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

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