Palm Springs Police Officers' Pension Fund

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

PLEASE PRINT OR TYPE:

1.	a.	Name of Retiree:		
	b.	Social Security N	umber:	
	c.	Date of Birth:		
	d.	Home Telephone:	()	
	e.	Home Address:		
2.	I retire	d on:		
3.	Type of Retirement which you are receiving:			
			Early Retirement	
			Normal Retirement	
			Line-Of-Duty Disability	
			Non-Duty Disability	
			Survivor Benefit	

4. Benefit Election must be completed reflecting form of payment of your choice. Please refer to page 3 of this application. **Note:** Your D.R.O.P. account is to be paid within 30 days following your termination of Village of employment or death as a Lump-Sum payment of the balance in your account. The form of payment you choose may have tax consequences for you. <u>Please consult your tax advisor before you complete the next page of this application.</u>

I hereby certify that the above statements are true and correct to the best of my knowledge, and understand that false statement may disqualify me for benefits.

I have reviewed the Designation of Beneficiary form files with the Board of Trustees and hereby certify its accuracy. If I desire to change my designated beneficiary (ies), I will file a new Designation of Beneficiary form with this application.

This application is a supplement to my prior application for retirement, and supersedes it where conflict exists. Additionally, I certify that I am electing the form of benefit attached as page 3 of this application. This benefit election revokes any prior elections I have made.

(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 SUBCRIBED 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

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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)

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 SUBCRIBED 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

(Date)

STATE OF _____

Palm Springs Police Officers' Pension Fund

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STATEMENT OF CONSULTATION WITH TAX ADVISOR

SOC. SEC. #	
Please check the one applicable statement:	
1.) I hereby state that I have discussed Account with the following Tax Ac	d my election of payment method from the D.R.O.P. dvisor of my own choosing.
Name o	f Advisor
Compar	 Iy
2.) I have chosen not to consult with a	a Tax Advisor.
(Name- Please Print)	(Social Security Number)
(Signature)	(Date)
TATE OF	
DUNTY OF	
EFORE ME, the undersigned authority, personally to is personally known to me or has produced _	as identification a d and sworn, deposes and says that he/ she has sign
no did take an oath and, after being duly cautione e foregoing document for the reasons therein contai	ined.

Notary Public, State of Florida At Large

My Commission Expires:

My Commission Number Is: