

Palm Springs Police Officers' Pension Fund

APPLICATION FOR DISTRIBUTION OF SHARE ACCOUNT BALANCE

PLEASE PRINT OR TYPE:

1. a. Name: _____
- b. Social Security Number*: _____
- c. Date of Birth: _____
- d. Email address: _____
- e. Home Telephone: (_____) _____
- f. Home Address: _____

2. I retired 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:** The form of payment you choose may have tax consequences for you. Please consult your tax advisor before you complete the next page of this application.

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.

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 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

*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.

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: _____

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)

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

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STATEMENT OF CONSULTATION WITH TAX ADVISOR

NAME: _____

SOC. SEC. NUMBER*: _____

Please check the one applicable statement:

_____ 1.) I hereby state that **I have discussed** my election of payment method from the SHARE 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 _____

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:

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