

Village of Palm Springs Police Officers' Pension Plan

Refund of Contributions

This notice advises you that I have resigned from the Village of Palm Springs effective _____. Please arrange to refund to me all contributions I have paid into the Plan.

Payment Options:

- a. _____ Direct Rollover - I understand that I may rollover my entire contribution amount to another qualified retirement plan. I have been provided a copy of the Special Tax Notice concerning rollovers.

Name of Financial Institution Receiving Funds

Address of Financial Institution

Account Number

- b. _____ Lump Sum Distribution - I understand that this means I will receive the entire balance of my contributions, less required tax payments withheld.

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

- c. _____ Partial Lump Sum Distribution/Rollover - I understand that I may receive a part of my contributions in cash, less required tax payments withheld, and rollover the remaining balance of my contributions account to another qualified retirement plan. I have been provided a copy of the Special Tax Notice concerning rollovers.

I elect to have \$_____ in cash with the remaining balance of my contributions to be rolled over to the following financial institution:

Name of Financial Institution Receiving Funds

Address of Financial Institution

Account Number

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

I understand that by accepting a refund of my accumulated employee contributions, I waive, release and relinquish all my rights and benefits under the Village of Palm Springs Police Officers' Pension Plan. I have had a full and complete opportunity to consider the consequences of this return of my accumulated employee contributions. I make this decision freely and voluntarily. I further certify that I have received the Special Tax Notice Regarding Certain Plan Payments.

_____ (Name- Please Print)	_____ (Social Security Number)*
_____ (Signature)	_____ (Address)
_____ (Date)	_____ (City, State, Zip Code)
_____ (Date of Birth)	(_____) _____ Telephone Number

*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.

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

Return to:
Resource Centers, LLC
4360 Northlake Boulevard, Suite 206
Palm Beach Gardens, FL 33410