

ST. LUCIE COUNTY FIRE DISTRICT
GENERAL EMPLOYEES' RETIREMENT FUND

LUMP SUM DISTRIBUTION ELECTION FORM

To be completed by Plan Member with regard to the distribution to be received from the St. Lucie County Fire District.

Taxable Amount \$_____ Non-taxable Amount \$_____

Please select option A, B or C below:

A. The Plan is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form.

Signature of Member

SS No.

Date

B. The Plan is directed to mail ____% of the taxable portion of my distribution to (Name of First Trustee or Plan) _____ and ____% of the taxable portion of my distribution to (Name of Second Trustee or Plan) _____ for deposit in accordance with the rollover provisions. Any non-taxable portion will be:

_____ paid directly to me, the member.

_____ rolled over to the First/Second Trustee or Plan (only to traditional IRA or 401(a) plan)

Signature of Member

SS No.

Date

C. The Plan is directed to mail \$_____ of my distribution to (Name of Trustee or Plan) _____ for deposit in accordance with the rollover provisions. The remainder of the taxable portion less any applicable withholding described in the Special Tax Notice received with this election form, plus the non-taxable portion, will be paid directly to me.

Signature of Member

SS No.

Date

Acknowledgment where election completed prior to 30 days after receipt of Special Tax Notice:

I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO MAKE AN INFORMED DECISION REGARDING MY OPTIONS, THAT I HAVE BEEN GIVEN THE CHANCE TO CONSIDER THE DECISION WHETHER TO ELECT A DIRECT ROLLOVER FOR AT LEAST 30 DAYS AFTER MY RECEIPT OF THE SPECIAL TAX NOTICE AND THAT I HAVE BEEN PROVIDED WITH INFORMATION CLEARLY INDICATING THAT I HAVE AT LEAST 30 DAYS TO MAKE THE DECISION, AND I HEREBY WAIVE THE 30 DAY WAITING PERIOD AND ELECT AN IMMEDIATE DISTRIBUTION IN ACCORDANCE WITH MY SELECTION ABOVE.

Date

Signature