

BOARD OF TRUSTEES OF THE TEMPLE TERRACE  
FIREFIGHTERS' RETIREMENT TRUST FUND

**ELECTION OF FORM OF DISTRIBUTION OF  
ACCUMULATED DROP BENEFITS**

I, \_\_\_\_\_, (*print name*) make the following selection for distribution of my accumulated DROP benefits (*check only one option*):

- \_\_\_\_\_ 1. Rollover the entire accumulated DROP benefits to another eligible retirement plan (as permitted by law). Please send my accumulated DROP benefits to:
- \_\_\_\_\_ (name of plan)  
Make check payable to: \_\_\_\_\_  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (city/state/zip)  
\_\_\_\_\_ (account no.)
- Type of account:    ☐ IRA            ☐ Other Eligible Plan
- \_\_\_\_\_ 2. A full and single lump sum distribution. Please send my accumulated DROP benefits to:
- \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (city/state/zip)  
\_\_\_\_\_ (Account No. of your bank if you want direct deposit)
- \_\_\_\_\_ 3. Partial rollover to the above named eligible retirement plan (\_\_\_\_\_%)  
and partial lump sum distribution to the above named.            (\_\_\_\_\_%)

I understand that the distribution of my accumulated DROP benefits may be subject to penalties, income tax withholding, or other withholding or liabilities required by law.

I do/do not (*circle one*) waive the 30-day Notice Period. I understand that if I do not waive the 30-day notice period that no distribution will be made until 30 days after receipt of the special tax notice regarding pension plan payments.

I understand that in the event no selection is made, then my accumulated DROP benefits will be distributed to me in a full and single lump sum distribution.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public