## VILLAGE OF TEQUESTA BENEFIT AUTHORIZATION FORM

□ Rollover

General Employees Pension Trust Fund

Vested Option

Secretary Board of Trustees:

Distribution information prepared by:

Board of Trustees:

□ Public Safety Officers Pension Trust Fund □ Distribution □ Not Vested/Leaving funds in Plan

PAYEE DATA		Tax Form Address    □ (same as mailing address)	
Mail check to:  Payee  Financial Institution/Direct Deposit		□ Check if payee is a beneficiary	
Payee Name (Last, First, Middle)		Address	
Address		City	
City		Reason for separation of service/termination from plan:	
-		□ Normal termination	
* Social Security Number		<ul> <li>Resigned</li> <li>Normal retirement</li> </ul>	
Participant Census Information			
Date of birth :	Date of hire:	□ Early retirement	
		□ Full-time to Part-Time status	
Date of entry:	Date of separation of service:	Death benefit from the account of:	
Direct rollover	Participant has elected a direct rollover	Disability retirement	
Information:	$\Box$ Yes $\Box$ No	□ Direct rollover to IRA	
		Direct rollover to qualified plan	
	If yes, select from the following:	□ Other	
Amount of Rollover		AUTHORIZATION SIGNATURES	
Employer:	Employee:	Please sign and date in the boxes below:	
	Total:		
FBO (Name of Participant)		Finance Director: Date:	

Account number:

Address of financial institution:

## **Distribution Information**

Benefits	Employer	Employee	Total
Taxable			
Non-taxable			
3% Interest (General			
Employees Only)			
Total gross			
20% mandatory withholding			
Total check amount			

If you have completed (6) years service and are eligible for a deferred pension but have elected a roll-over, please check this box, indicating that you understand that you have forfeited your rights to the Village's contribution, as only **your** contributions are eligible for roll-over.

#### If you do NOT wish to have a rollover or contribution distribution, please select one of the following options:

I do not wish to receive a refund of my contributions as I have completed six (6) years service and would like to receive a future, vested, accrued benefit, the details of which will be communicated to me in writing.

I have less than six (6) years service and understand that I do not qualify for a deferred pension, but would like to leave my contributions in the fund for five (5) years, pending the possibility of being rehired in a full-time position.

**Employee Signature** 

Date

\*In accordance with the provisions of \$119.071(5)(6)(g), Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

Date:

Date:

Date:

# AFFIDAVIT

## (Persons withdrawing funds)

I, \_\_\_\_\_\_, hereby release The General Employee' Pension Trust Fund / The Public Safety Pension Trust Fund of the Village of Tequesta from any further liability to me for any form of benefits under the Pension Plan.

# THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

State of FLORIDA

County of PALM BEACH

Sworn to (or affirmed) and subscribed before me this	day of,
20, by	, who is personally known to me or who
produced the following identification:	

[Notary Seal]

Notary Public

Print, type or stamp name of Notary