

☐ **General Employees Pension Trust Fund** ☐ **Rollover** ☐ **Vested Option**
☐ **Public Safety Officers Pension Trust Fund** ☐ **Distribution** ☐ **Not Vested/Leaving funds in Plan**

<u>Amount of Rollover</u>		AUTHORIZATION SIGNATURES	
Employer:	Employee:	Please sign and date in the boxes below:	
	Total:		
FBO (Name of Participant)		Finance Director:	Date:
Account number:		Secretary Board of Trustees:	Date:
Address of financial institution:		Board of Trustees:	Date:
		Distribution information prepared by:	Date:

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

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

-
- Date

Form updated: 11/4/09 (SS# Provision added)

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