

☐ **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)