☐ General Employees Pension Trust Fund □ Rollover **□** Vested Option □ Public Safety Officers Pension Trust Fund □ Distribution □ Not Vested/Leaving funds in Plan PAYEE DATA Tax Form Address ☐ (same as mailing address) ☐ Check if payee is a beneficiary Mail check to: □ Payee ☐ Financial Institution/Direct Deposit Payee Name (Last, First, Middle) Address Address City City Reason for separation of service/termination from plan: Normal termination * Social Security Number Resigned **Participant Census Information** Normal retirement 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: ☐ Yes \square No Direct rollover to IRA Direct rollover to qualified plan If yes, select from the following: AUTHORIZATION SIGNATURES Amount of Rollover 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: 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

VILLAGE OF TEQUESTA BENEFIT AUTHORIZATION FORM

*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.