

Tequesta Public Safety Pension Fund

Rollover of Refund or Partial Lump Sum Distribution

To be submitted in addition to application for Normal Retirement

PAYEE INFORMATION

Payee Name (first, middle, last)

Social Security Number *

Home Mailing Address

Daytime Phone Number

City

State

Zip

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

I have completed an application for Retirement from the Tequesta Public Safety Pension Fund (Fund) and have been approved for a partial lump sum distribution of benefits, pursuant to Section 12(1)(C) of the Plan. Pursuant to Section 22(3) of the Plan, I wish to have the lump sum funds transferred via a direct rollover to the plan named below. In addition, I do understand that any portion of the lump sum payment that is not rolled over and is paid directly to me will be subject to federal income taxation. In addition, rollovers to Roth IRAs will result in income subject to federal income taxation. Additionally, I have been provided the Special Tax Notice from the Fund.

ROLLOVER AMOUNT *(Choose only one):*

☐ the taxable portion only OR ☐ \$_____ (specific amount or %)

ROLLOVER ACCOUNT DESCRIPTION

- ☐ Employer Plan
- ☐ Traditional IRA
- ☐ Roth IRA

ROLLOVER INFORMATION

Name of Rollover Institution

Address of Rollover Institution

City

State

Zip

Account Number (if applicable)

Phone Number of Rollover Institution

Please attach a copy of an account Statement or Form from the rollover institution as proof account may receive rollover funds.

X _____
Payee's Signature Date Signed (MM/DD/YYYY)

X _____
Witness' Signature Date Signed (MM/DD/YYYY)