

**CITY OF VENICE  
MUNICIPAL POLICE OFFICERS' PENSION TRUST FUND**

**LUMP SUM DISTRIBUTION ELECTION FORM**

To be completed by Plan Member or Beneficiary (Transferor) with regard to the distribution to be received from the City of Venice Municipal Police Officers' Pension Trust Fund, (the "System"):

Taxable Amount \$ \_\_\_\_\_ Non-taxable Amount \$ \_\_\_\_\_  
Total Amount \$ \_\_\_\_\_

**I. Please initial option A, B or C below:**

- ☐ A. The System is directed to make full payment to me, less any applicable withholding described in the Special Tax Notice received with this election form.
- ☐ B. The System is directed to mail \_\_\_\_\_ % of the taxable portion of my distribution to \_\_\_\_\_ (Name of First Trustee or Plan) and \_\_\_\_\_ % of the taxable portion of my distribution to \_\_\_\_\_ (Name of Second Trustee or Plan) for deposit in accordance with the rollover provisions. Any non-taxable portion will be:  
  
\_\_\_\_\_ paid directly to me.  
  
\_\_\_\_\_ rolled over to the First/Second Trustee or Plan (to traditional IRA, Roth IRA or 401(a) plan) \*
- ☐ C. The System is directed to mail \$ \_\_\_\_\_ of my distribution to \_\_\_\_\_ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions. The remainder of the taxable portion less any applicable withholding described in the Special Tax Notice received with this election form, plus the non-taxable portion, will be paid directly to me. \*

\*You will be taxed on rollovers to a Roth IRA.

**NOTE: A surviving spouse may elect any option the deceased member could have made. A non-spouse beneficiary may only rollover to a regular IRA or Roth IRA and cannot rollover the payment himself.**

\_\_\_\_\_  
Signature of Member or Beneficiary

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name of Member or Beneficiary

\_\_\_\_\_  
Date

The Agreement of Receiving Trustee or Plan below must be completed if Option B or C is selected.

**II. Acknowledgment where election completed prior to 30 days after receipt of Special Tax Notice:**

I acknowledge that I have had the opportunity to make an informed decision regarding my options, that I have been given the chance to consider the decision whether to elect a direct rollover for at least 30 days after my receipt of the special tax notice and that I have been provided with information clearly indicating that I have at least 30 days to make the decision, and I hereby waive the 30 day waiting period and elect an immediate distribution in accordance with my selection in I. above.

\_\_\_\_\_  
Signature of Member or Beneficiary

\_\_\_\_\_  
Date

To be completed by the Authorized representative of the receiving Plan or IRA:

Member Name: \_\_\_\_\_

### AGREEMENT OF RECEIVING TRUSTEE OR PLAN

In accordance with the above authorization of the Transferor, we agree to deposit the forthcoming rollover amount from the City of Venice Municipal Police Officers' Pension Trust Fund into the following plan or account:

Type of Plan or Account receiving rollover (check one):

- \* \_\_\_\_\_ 401(a) [401(k), profit-sharing plan, defined benefit plan, money purchase plan, other "eligible employer plan"]
- \_\_\_\_\_ 403(a) [annuity plan]
- \_\_\_\_\_ 403(b) [tax-sheltered annuity]
- \_\_\_\_\_ 457(b) [eligible deferred compensation plan maintained by government employer]
- \_\_\_\_\_ 408(a) [Traditional IRA or Simple IRA if the Simple IRA has been open for at least 2 years] (not a Coverdell Education Savings Account or Simple IRA or that has been open less than 2 years)
- \_\_\_\_\_ 408A [Roth IRA]

- \* If rollover includes after-tax contributions to a 401(a) eligible employer plan, the receiving 401(a) plan hereby agrees to accept such rollovers and agrees to separately account for such amounts rolled over including separate accounting for the after-tax employee contributions and earnings on these contributions.

**NOTE: A surviving spouse may elect any option the deceased member could have made. A non-spouse beneficiary may only rollover to a regular IRA or Roth IRA and cannot rollover the payment himself.**

\_\_\_\_\_  
Plan or Account

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

Return to:

**City of Venice Municipal Police Officers' Pension Trust Fund  
c/o Pension Resource Centers  
4100 Center Pointe Drive, Suite 108  
Fort Myers, FL 33916**

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."