

West Melbourne Police Pension Fund

Refund of Contributions

This notice advises you that I have resigned from the West Melbourne Police Department with less than 6 years of service effective _____, 20 _____. Please arrange to refund to me all contributions I have paid into the Retirement Plan.

Payment Options:

☐

Direct

(Name of Financial Institution Receiving Funds)

Rollover:

(Address)

Account Number: _____

☐

Immediate

Cash

Distribution:

If you choose to receive all or part of your payment in cash, 20% of the taxable portion of the cash payment will be withheld automatically for federal income tax and subtracted from your payment.)

I understand that I may leave my contributions in the Plan for a period of five years after leaving the employ of the police department, pending the possibility of being re-hired by the Department, without losing credit for the time I participated actively as a police officer. If I am not re-employed as a police officer with the City's police department within five years, my contributions will be returned without interest.

(Name-Please Print)

(Social Security Number)

(Signature)

(Address)

(Date)

(City, State, Zip Code)

(Date of Birth)

(Telephone Number)

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Refund of Contributions

STATE OF FLORIDA

COUNTY OF BREVARD

SWORN TO (or affirmed) and subscribed before me this ____ day of
_____, 20____, by _____.

Notary Signature

_____ Personally Known

_____ OR Produced identification

Type of identification produced: _____