

**WEST PALM BEACH FIREFIGHTERS' PENSION FUND**

## **APPLICATION FOR ROLLOVER OF FUNDS**

**PLEASE PRINT OR TYPE:**

1. a. Name of Employee: \_\_\_\_\_  
(Last) (First) (Middle)
- b. Social Security Number: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_  
(Month-Day-Year)
- d. Home Telephone Number: (\_\_\_\_) \_\_\_\_\_
- e. Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)
2. Date of Hire by the City of West Palm Beach as a Firefighter:  
\_\_\_\_\_  
(Month-Day-Year)
3. If applicable, Credit funds to the
- a. Share \_\_\_\_\_
- b. DROP \_\_\_\_\_

NOTE: If there is no DROP account, funds will be credited to the Share account. While Share accounts are not vested until you have 10 years of credited service, you will always be vested in your rollover funds.

I hereby certify that the attached statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

EMPLOYEE'S SIGNATURE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of  
Florida At Large

My Commission Expires:

My Commission Number is:

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

Type of Plan or account:

\_\_\_\_\_ 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 (**NOT** Roth IRA, Simple IRA or a Coverdell Education Savings Program)]

Plan or Account Authorized Signature \_\_\_\_\_

Typed Name and Title of Authorized Representative

Company Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Please make check payable to: West Palm Beach Police Pension Fund**

**Please include, on the check, the Name and Social Security Number of the individual for whose benefit the check is being sent.**

Please send check to: Pension Resource Center, LLC  
4360 Northlake Boulevard, Suite 206  
Palm Beach Gardens, FL 33410

