

Miramar Firefighters' Retirement Plan and Trust Application for Distribution of Share Account

PLEASE PRINT OR TYPE:

1. a. Name of Retiree/Beneficiary:

 - b. Social Security Number*: _____
*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.

 - c. Date of Birth: _____

 - d. Home Telephone: _____

 - e. Home Address: _____

 - f. Email Address: _____

 - g. Cell Phone Number: _____
2. Election must be completed reflecting form of payment of your choice. The form of payment you choose may have tax consequences for you. **Please consult your tax advisor before you complete this section of the application.**

CHECK THE DESIRED OPTION:

- a. **Full Lump-Sum Payment**
If the full lump sum method of distribution is selected then the entire account balance will be paid. Any amount paid directly to me will have a 20% withholding deduction and may be subject to other taxes and/or penalties.
- Amount to be distributed \$ _____.
- Amount to be withheld _____%.

- b. **Partial Lump-Sum Payment**
If the partial lump sum method of distribution is selected then the indicated amount will be paid from the account balance. This amount may only be elected within 60 days of retirement or during the open enrollment periods (February and August) for distribution in April and October. Any amount paid directly to me will have a 20% withholding deduction and may be subject to other taxes and/or penalties.

Amount to be distributed \$ _____.

Amount to be withheld _____%.

- c. **Three Year Payment (eligible for rollover)**
If the three year payment method of distribution is selected then the account balance will be paid in three annual installments over a three year period. Any amount paid directly to me will have a 20% withholding deduction and may be subject to other taxes and/or penalties.

Amount to be withheld _____%.

- d. **Monthly Installments**
If I choose monthly installments, then the account balance will be paid out on a monthly basis over my lifetime or until the entire balance is exhausted. The amount paid will be determined in accordance with the actuarial tables and policy of the Board. Payments will be subject to 20% income tax withholding.

Amount to be distributed \$ _____.

Amount to be withheld _____%.

3. **STATEMENT OF CONSULTATION WITH TAX ADVISOR**

Please check the one applicable statement:

- I hereby state that **I have discussed** my election of payment method from the Share Account with the following Tax Advisor of my own choosing.

Name of Advisor

Name of Company

- I have chosen **not to consult** with a Tax Advisor.

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge, and understand that false statements may disqualify me for benefits. This form of payment for the Share Account account revokes any prior Share Account payment elections I have made.

I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and hereby certify its accuracy. If I desire to change my designated beneficiar(y)(ies), I will file a new Designation of Beneficiary Form with this application.

THIS APPLICATION FOR DISTRIBUTION OF SHARE ACCOUNT BALANCE MUST BE NOTARIZED WHICH REQUIRES THAT YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC WHO MAY THEN NOTARIZE IT.

Signature of Retiree/Beneficiary

Date: _____

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (or affirmed) and subscribed before me, this ____ d a y o f _____, ____ by _____.

Signature, Notary Public

Printed Name of Notary*

**In accordance with the provisions of §117.04(4)(i), below the signature, the name of notary must be printed, typed or stamped. The Notary seal must be affixed to the side of the signature or below the printed name.*

Personally known

OR Produced Identification
Type of Identification Produced: _____