

# St. Lucie Firefighters' Pension Fund

## Refund of Contributions

This notice advises you that I have resigned from the St. Lucie Fire Department effective \_\_\_\_\_ . Please arrange to refund to me all contributions I have paid into the Pension Fund.

### **Payment Options:**

**Direct Rollover:** \_\_\_\_\_  
(Name of Financial Institution Receiving Funds)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

Account Number: \_\_\_\_\_  
(Copy of Account Statement or Form as proof account may receive rollover funds)

**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.)

\_\_\_\_\_  
(Name - Please Print)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

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

( \_\_\_\_\_ ) \_\_\_\_\_  
(Telephone Number)

# **St. Lucie Firefighters' Pension Fund**

## **Refund of Contributions**

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:

### ***NOTARY MAY NOT BE A RELATIVE***

Please return to: St. Lucie Firefighters Pension Fund  
c/o Pension Resource Center  
4360 Northlake Blvd., Suite 206  
Palm Beach Gardens, FL 33410

Date of Employment: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

The above resignation is hereby confirmed.

CONFIRMED BY:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Administrator)

cc: Pension File