



City of North Miami Police Pension Plan - Chapter 185 (592 Plan)

Request for Distribution of Chapter 185 Funds

Member Information

Full Name: _____

Last 4 of SSN: ____ _

Date of Birth: ____ / ____ / ____

Phone Number: (____) ____ - ____

Email Address: _____

Mailing Address: _____

Reason for Request :

Please select one from the following

☐ I have entered into retirement (date of retirement: ____ / ____ / ____)

☐ This is my _____ (#of withdrawal(s) and my current balance after withdrawal will be _____.

☐ I have let my 5-year allotted time to withdraw lapse, and I need to request my total balance of _____

☐ Other: _____

Distribution Type

☐ 75% Distribution - Distribute the entire possible balance of my Chapter 185 funds

☐ Partial Distribution - Amount requested: \$ _____

Payment Type

☐ Rollover to IRA or Qualified Plan (complete Rollover Details below)

☐ Direct Payment to Me (Taxable/ 20% penalty)

Rollover Details (if applicable)

Name of Financial Institution: _____

Type of Account: ☐ Traditional IRA ☐ Roth IRA



Account Number: _____

Mailing Address of Institution: _____

Required Documentation

Please attach:

- Copy of a valid government-issued photo ID
- Voided check (if requesting direct deposit) or account verification

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Member Certification and Signature

I certify that the information provided above is true and correct. I understand that distributions may be subject to federal income tax and possible early withdrawal penalties unless rolled over to an eligible retirement plan. I authorize the Pension Office to process my request accordingly.

Signature: _____

Print Name: _____

Date: ____ / ____ / ____

Pension Office Use Only

☐ Eligibility verified

☐ Documentation complete

☐ Amount available in Chapter 185 account: \$_____

☐ Amount requested to be paid in Chapter 185 account: \$_____

☐ Rollover/ACH initiated

Date Processed: ____ / ____

Processed by: _____ Approved By: _____