

## 592 Pension Plan /Ch.185

Date	Last four of SSN	Email Address
Participants Information		

Plan Participants Name

Address

City State / ZIP Code Cell Number

\$ /

Circle requested payment amount: Partial amount / All

I hereby request a distribution from my account of the Special Police Officers' Retirement Fund of North Miami as indicated below, as determined in accordance with North Miami Ordinance 592.1.1, the regulation ordinance of said Fund.

The amount of money presently in my account is estimated at . I understand that this amount is only an estimate and my actual balance may be more or less as determined by a subsequent audit. 25% of my account balance will be retained by the fund until completion of the audit year in which I separate from city service. Payment of any retained distribution and or future distributions will be subject to recalculation based on the results of the audit. The money received from the fund is subject to taxation. The responsibility of paying such tax is accepted by this member or, if applicable, this beneficiary.

Participant Signature Date

## NOTARY ACKNOWLEDGMENT

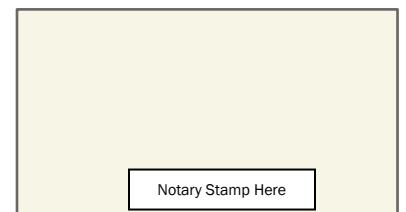
## State of Florida

County of the foregoing instrument was acknowledged before me by **physical presence**, this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, (Name of Person Appearing Before Notary) ☐ Personally known to me ☐ Produced identification

Type of Identification Produced ☐ License

Notary Public Printed Name

Notary Public Printed Name



Commission Expiration Date

## 592 Pension Plan /Ch.185

If you elect to Rollover, fill out the following:

Company/  
Transfer To: \_\_\_\_\_

Account  
Number: \_\_\_\_\_

Address: \_\_\_\_\_

Representatives Name : \_\_\_\_\_ Phone : \_\_\_\_\_

If you elected a CASH LUMP SUM, check the following:

☒ I wish to receive my lump sum distribution in the form of a payment made payable to me. I understand that this option is subject to federal tax withholding of 20%, which will be automatically deducted. I will receive a check for the remaining 80% of the amount, which may also be subject to a 10 % penalty tax unless I meet one of the exceptions noted in the special tax notice. I understand by selecting the Full Lump sum option I waive the right to a future monthly benefit.

Name of Financial Institution: \_\_\_\_\_

Address: City, State, Zip: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (must be exactly 9 digits)

Bank Account Number \_\_\_\_\_

Type of Account:      Checking ☒      Savings ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_