

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

Notary Stamp Here

Commission Expiration Date

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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: _____