

PARTICIPANT DISTRIBUTION ELECTION

To the Plan Administrator of the **Miami Firefighters' Relief & Pension Fund** ("Plan").

Participant: _____

1. Election. After reading the **Special Tax Notice Regarding Plan Payments**, I, the undersigned Participant (beneficiary), make the following distribution election(s): *(Choose (a), (b), (c) (d) or (e) or a combination of 2. WARNING: ALL distributions are subject to the rules outlined in the Plan's Summary Plan Description.*

- (a) A direct rollover of my entire Vested Account Balance to the IRA or plan designated in Section 2.
- (b) A direct rollover of the following portion of my Vested Account Balance to the IRA or plan designated in Section 2: \$_____ (not less than \$500).
- (c) A lump sum payment of my entire Vested Account Balance, less any income tax withholding.
- (d) A lump sum payment of a portion of my Vested Account Balance, less any income tax withholding \$_____.
- (e) Installment payments. Please provide me the necessary form for electing an installment payment method. *[Note: The installment method election form will permit you to split your distribution between installments and lump sum and to elect a direct rollover of any payment which is an eligible rollover distribution.]*

If I am less than 100% vested in my Account Balance, I understand (e) is not available and a distribution results in a forfeiture of the nonvested portion of my Account Balance, subject to the repayment/restoration rights explained in the "Distribution Tax Notice"

2. Information for Direct Rollover. *[Do not complete unless you check 1(a) or 1(b)]*

I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of IRA, plan, custodian or insurer. *(exactly as will be printed on check)* _____

Address to send direct rollover: _____ Account Number: _____

3. Waiver of minimum notice period. I consent to an immediate distribution of my Vested Account Balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

4. Execution. Dated this _____ day of _____, _____. Phone Contact: _____

Participant or Beneficiary Signature

Home Address

XXX - XX -
Social Security Number (Last 4 digits)

City, State, Zip Code

Email Address

Social Security Number Collection Disclosure Statement: Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.