

PARTICIPANT DISTRIBUTION ELECTION FORM

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

Participant Name: _____

1. Election. After reading the **Special Tax Notice Regarding Plan Payments**, I, the undersigned Participant, make the following distribution election(s): (*Choose (a), (b), (c) (d) or (e) or a combination of 2.*

ATTENTION: 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 a portion of my Vested Account Balance to the IRA or qualified plan [*designated in Section 2*].
\$ _____ (*not less than \$500.00*).
- ☐ (c) A lump sum payment of my entire Vested Account Balance, less any income tax withholding (*20% min*).
- ☐ (d) A lump sum payment of a portion of my Vested Account Balance, less any income tax withholding (*20% min*).
\$ _____
- ☐ (e) Installment payments: *Please provide 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 option (e) is not available and a distribution results in a forfeiture of the non-vested portion of my Account Balance, subject to the repayment/restoration rights explained in the "Distribution Special Tax Notice"

2. Information for Distribution. [*Note for selection (a) or (b): Any distribution between valuation dates must be a partial distribution, which is limited to 75% of the participant's prior quarterly account balance. The remaining balance may be distributed after the close of the next valuation date upon the request of the participant. Note: Once the remaining vested account balance is rolled over your participant account will be closed.*]

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

Name of IRA, qualified plan or custodian (*include for benefit of, FBO*): _____

Please attach IRA rollover letter of acceptance and financial institution wire instructions. (Exactly as will be printed on check or wire.)

Financial Institution Information:

Name: _____

Address: _____

ABA Routing Number: _____

Recipient Information:

Name: _____

Address: _____

Account Number: _____

3. Information for Lump Sum Payment. [*Do not complete unless you select option 1(c), 1(d) or 1(e).*]

Note: Once the remaining vested account balance is distributed your participant account will be closed.

Financial Institution Name: _____

Account Number: _____ Routing Number: _____

Checking: ☐

Savings: ☐

4. Waiver of minimum "Special Tax Notice" period. I consent to an immediate distribution of my Vested Account Balance. I affirmatively waive any unexpired portion of the minimum 30-day special tax notice period during which I may consent to a distribution from the Plan.

5. Execution. Dated this _____ day, _____ month of 20 _____

Participant Signature

Home Address

City, State and Zip Code

XXX-XX-

Social Security Number (Last 4 digits)

Phone

Email Address

Social Security Number Collection Disclosure Statement: Pursuant to Section 119.071(5), 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.