

**ELECTION FOR INSTALLMENT DISTRIBUTION  
MIAMI FIREFIGHTER'S RELIEF AND PENSION FUND**

Participant Name: \_\_\_\_\_

**1. Election.** I, the undersigned Participant, have elected to receive: (*Choose (a) or (b)*)

*(If I am over 73 years of age, I understand my installment payments for a calendar year will adjust if necessary to satisfy the minimum distribution requirements under the Plan.)*

- ☐ (a) my entire Vested Account Balance in installments directly from the Trust.
- ☐ (b) \$ \_\_\_\_\_ in lump sum, with the rest of my Vested Account Balance in installments directly from the Trust, as determined in Section 2.

**2. Installment Term.** (*Complete (c) and (d)*)

(c) I request payment of installments: ☐ quarterly ☐ annually

(d) I elect the following installment term: (*choose (1), (2) or (3)*)

☐ (1) \_\_\_\_\_ years.

(2) My life expectancy, as determined under Treasury regulations: (*Choose (i) or (ii)*)

☐ (i) determining my life expectancy once, when I commence distribution.

☐ (ii) recalculating my life expectancy each year.

(3) The joint life and last survivor expectancy, as determined under Treasury regulations, of my designated beneficiary and me: (*Choose (i) or at least one of (ii) and (iii)*).

☐ (i) determining the joint expectancy term once, when I commence distribution.

☐ (ii) recalculating the joint expectancy term by adjusting my life expectancy on an annual basis.

☐ (iii) recalculating the joint expectancy term by adjusting my spouse's life expectancy on an annual basis. [*Note: You cannot elect (iii) unless your spouse is your designated beneficiary.*]

*Note: You may not revoke (2)(i), (2)(ii), (3)(i), (3)(ii) or (3)(iii) after you attain age 73.*

I, the above named Participant, hereby request a distribution, as permitted under the Plan, in the form of equal and periodic installment payments. I understand that by completing this *Installment Distribution Election Form* that my vested Account Balance will be paid from the Plan in periodic payments over the periods selected in this *Installment Distribution Election Form*. I also understand that I may elect at any time to accelerate the payment of my installment distribution by completing a new *Distribution Election Form* indicating my desire to modify this distribution election. If I should die prior to receiving a distribution of my entire vested Account Balance, the remaining portion of my vested Account Balance will be distributed to my designated beneficiaries, as set forth in the most recent *Beneficiary Designation Form*. If I do not have a valid *Beneficiary Designation Form* on file, distribution will be made in accordance with the default distribution provisions as described in the Summary Plan Description.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

XXX-XX-\_\_\_\_\_

Social Security Number

\_\_\_\_\_  
Participant Signature

*Note: You must attach this form to the Participant Distribution Election Form you have completed.*