

CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS
In The City of Pembroke Pines • 1951 NW 150th Avenue – Suite #104 • Pembroke Pines, FL 33028-2875

**WITHHOLDING ELECTION /
ROLLOVER ELECTION FORM FOR ELIGIBLE ROLLOVER DISTRIBUTIONS**

FEDERAL WITHHOLDING / DIRECT ROLLOVER RULES

If you have your Plan benefits paid directly to you, the Plan Administrator is required to withhold 20% of your payment for Federal income taxes. If you elect a direct rollover, no Federal taxes will be withheld on the amount rolled over.

You can elect a direct rollover only if your plan distributions during the year are \$200 or more. You can have part of your Plan benefits paid directly to you and the remainder paid as a direct rollover to an IRA or another qualified plan only if the portion you rollover is \$500 or more. For eligible periodic payments, you can change your election for future payments by filing a new form with the Plan Administrator.

1. PARTICIPANT INFORMATION

Name: _____ Employee ID#: _____
Address: _____
 Street or Box No. _____
 City _____ State _____ Zip _____

2. DIRECT ROLLOVER / PAYMENT ELECTION

I elect to have _____ % or \$ _____ of my Plan benefits paid directly to me. I understand that 20% of my distribution will be withheld for Federal income taxes unless I have elected to have more than 20% withheld.

I elect to have _____ % or \$ _____ of my Plan benefits paid as a direct rollover to:

Trustee for: _____
 Name of qualified plan or IRA _____ Account Number _____

Address: _____
 Street or Box No. _____ Telephone Number _____
 City _____ State _____ Zip _____

Pay the direct rollover as follows. Please check one if direct rollover is elected.

- Provide the check to me for delivery to the receiving plan / IRA.
 Transfer the funds directly to the receiving plan / IRA.

3. OPTIONAL ELECTION TO WITHHOLD DIFFERENT AMOUNTS

I want more than 20% withheld for Federal income taxes, and have attached completed Form W-4P for Federal withholding.

4. SIGNATURE

I have received and read the Special Tax Notice Regarding Plan Payments summarizing withholding and direct rollover rules which may apply to my plan distribution. I have checked the appropriate boxes above to indicate my withholding elections for my distribution(s) from this Plan. I understand that if I do not make an affirmative election, the Plan Administrator will assume I want my Plan benefits paid to me and will withhold 20% of my distribution.

Participant's Signature _____

Date _____

➡ Return one copy of this form to CITY PENSION FUND.

➡ Keep a copy for your records.