

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

MONTHLY DROP REQUEST

FEDERAL WITHHOLDING

Your monthly DROP payment may be subject to federal income tax. We encourage you to complete a separate W4-P for this payment, if applicable.

1. PARTICIPANT INFORMATION

Name: _____ SSN: _____

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

2. MONTHLY DROP

I elect to have \$_____ of my Plan benefits paid directly to me every month effective _____. I am aware that I can reduce, increase, or cease this payment at anytime by notifying the pension office.

OR

I elect to have \$_____ of my Plan benefits paid directly to me every month in accordance with my 72T calculation effective _____. I am aware that changes to this payment could result in tax penalties.

3. DIRECT DEPOSIT INSTRUCTIONS

- Please use my primary banking account on file.
- Please send this payment to a new account (see attached Direct Deposit form).

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 provided instruction for my withholding elections for my distribution(s) from this Plan.

Participant's Signature

Date