

**WEST PALM BEACH POLICE PENSION FUND
CHAPTER 185 BENEFIT
APPLICATION FOR DISTRIBUTION OF SHARE ACCOUNT BALANCE**

PLEASE PRINT OR TYPE:

1. a. Name of Retiree: _____
b. Social Security Number: XXX-XX- _____ Last Four Only
c. Date of Birth: _____
d. Home Telephone: _____
e. Home Address: _____

2. a. Are you currently married: Yes No
If yes, please complete the following:
b. Name of Spouse: _____
c. Spouse's Social Security Number: XXX-XX- _____ Last Four Only
d. Spouse's Date of Birth: _____
e. Date of Marriage: _____

3. Name(s) and Date(s) of Birth of Child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____

(Attach additional page, if needed)

4. Names of your living parents:
Mother: _____ Father: _____
5. Date of Hire by the City as a sworn Police Officer: _____
6. I retired on: _____

7. Type of Retirement which you are receiving:

- Early Retirement
- Normal Retirement
- Line-Of-Duty Disability
- Non-Duty Disability
- Survivor Benefit

8. Benefit Election must be completed reflecting form of payment of your choice. Please refer to the following page of this application. **Note:** The standard form of payment of the Chapter 185 benefit is a Lump-Sum payment of the balance in your account. No earnings or losses are credited to your account for the current year if you withdraw the entire balance of your account before September 30th. The form of payment you choose may have tax consequences for you. Please consult your tax advisor before you complete the next page of this application.

I hereby certify that the above statements are true and correct to the best of my knowledge, and understand that false statement may disqualify me for benefits.

I have reviewed the Designation of Beneficiary form files with the Board of Trustees and hereby certify it's accuracy. If I desire to change my designated beneficiary (ies), I will file a new Designation of Beneficiary form with this application.

This application is a supplement to my prior application for retirement, and supersedes it where conflict exists. Additionally, I certify that I am electing the form of benefit attached as page 3 of this application. This benefit election revokes any prior elections I have made.

Signature of Retiree _____

Date _____

STATE OF: _____
COUNTY OF: _____

Check One:
Physical Presence ()
Online Notarization ()

Before me, the undersigned authority, personally appeared _____,
who is personally known to me or has produced _____ as identification and who did/not take
an oath and that he/she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

NOTARY PUBLIC
My commission expires:
My commission number is:

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes,
the collection and use of social security numbers is authorized for the purpose
of the administration of the pension fund.

**WEST PALM BEACH POLICE PENSION FUND
CHAPTER 185 BENEFIT
ELECTION FORM FOR DISTRIBUTION OF SHARE ACCOUNT
(PLEASE PRINT OR TYPE)**

NAME OF RETIREE: _____

SOC. SECURITY NUMBER: _____

According to Sect. 16 (11) (f) of the Special Act amended on 1997, the standard form of payment of the Chapter 185 benefit (known as Share Account benefit) is a lump-sum of the balance in your account. Since allocations of earnings and losses are applied each September 30th, no earnings and /or losses are credited to your account for the most recent year if you withdraw the entire balance of your account before September 30th. The form of payment you choose may have tax consequences for you. Please contact a tax advisor before you make your election. **If you elect #1a, #1b, or #2 below, please also complete the attached "Tax Withholding Notification & Election for Non-Periodic Distribution".**

CHECK THE DESIRED OPTION: Transfer % to DROP Account

1. **Lump-Sum Payment as of September 30th (eligible for rollover) (a or b)**
a. _____ A lump-sum payment payable **after** September 30th, in which case my account will be credited with interest up to September 30th. \$ _____
b. _____ A lump-sum payment payable **now**, in which case I understand my account will not be credited with interest after October 1st. \$ _____
2. **Three Year Payment (eligible for rollover)\$ _____**
My balance as of last September 30th will be paid in three annual installments, each installment equaling 1/3 of current balance; however, earnings or losses on the remaining balance will be credited to my account as of each September 30th, until my balance is exhausted.
3. **Monthly Installments**
Paid over my lifetime or until my Balance is exhausted. The amount of my monthly installments will be determined by the Fund's actuary, as well as all future allocations of earnings or losses on the remaining balance as or each September 30th. \$ _____ per month
4. **Partial Lump-Sum \$ _____**
My balance will be reduced by the amount I have chosen to withdraw and a 20% tax withholding will apply. Other penalties in accordance to the Pension Protection Act 2006 may apply. I understand I can only withdraw this amount During the Open Enrollment Periods of February and August of any year.

Signature of Retiree _____ Date _____

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.

WEST PALM BEACH POLICE PENSION FUND
185 SHARE ACCOUNT
STATEMENT OF CONSULTATION WITH TAX ADVISOR
FOR DISTRIBUTION OF SHARE ACCOUNT

NAME: _____

Please check the one applicable statement:

1.) I hereby state that **I have discussed** my election of payment method from the 185 Share Account with the following Tax Advisor of my own choosing.

Name of Advisor

Company

2.) I have chosen **not to consult** with a Tax Advisor.

Signature of Retiree

Date

STATE OF: _____

Check One:

COUNTY OF: _____

Physical Presence ()

Online Notarization ()

Before me, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did / not take an oath and, after being duly cautioned and sworn, deposes and says that he/she has signed the foregoing document for the reasons therein contained.

SWORN AND SUBSCRIBED before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:

My commission number is:

Return to:

West Palm Beach Police Pension Fund
2100 N. Florida Mango Road
West Palm Beach, Florida 33409