



# WEST PALM BEACH POLICE PENSION FUND OFFICE OF RETIREMENT

2100 North Florida Mango Road  
West Palm Beach, Florida 33409

Phone: 561.471.0802

FAX: 561.471.5027

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PLEASE REFRAIN SENDING BACK THIS DOCUMENT  
UNSECURED VIA E-MAIL. OTHER ALTERNATIVES US MAIL,  
FAX (NUMBER CITED ABOVE) OR DROP OFF AT THE  
OFFICE.

ALSO USE LAST 4 OF SSN ONLY.

THANK YOU!



# City of West Palm Beach Police Pension Fund



## 2022 SUPPLEMENTAL DISTRIBUTION ELECTION FORM (Payable on or about 10-01-2022)

**\*\*PLEASE PRINT NAME HERE:** \_\_\_\_\_

**PURPOSE:** To be completed by the Plan Member, Widow/Widower or the Estate eligible for the supplemental distribution - *pursuant to Special Act Sec 16 (12)*, from the City of West Palm Beach Police Pension Fund (the "Fund").

**DIRECTIONS:** Make supplemental distribution selection and properly execute *section I and II* of this form. If Option B or C is selected, page two must be completed as prescribed. Return this form in the self-addressed stamped envelope.

I. **Please select option A, B or C below:**

- A. **PAY ME:** The System is directed to make full payment to me, the member, less any applicable tax withholding described in the Special Tax Notice received with this election form.

\_\_\_\_\_  
Signature of Member                      XXX-XX  
Soc. Sec. No.                                      Date

- B. **DIRECT ROLLOVER:** The System is directed to mail \$ \_\_\_\_\_ of my distribution to \_\_\_\_\_ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions. (Must Complete Page Two).

\_\_\_\_\_  
Signature of Member                      XXX-XX  
Soc. Sec. No.                                      Date

- C. **PARTIAL ROLLOVER:** The System is directed to mail \$ \_\_\_\_\_ of my supplemental distribution to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form, and \$ \_\_\_\_\_ of my distribution to \_\_\_\_\_ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions. (Must Complete Page Two).

\_\_\_\_\_  
Signature of Member                      XXX-XX  
Soc. Sec. No.                                      Date

**Retired Members must sign below acknowledging receipt of the special tax notice provided**

II. **Certification of Receipt**

I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO MAKE AN INFORMED DECISION REGARDING MY OPTIONS, THAT I HAVE BEEN GIVEN THE CHANCE TO CONSIDER THE DECISION WHETHER TO ELECT A DIRECT ROLLOVER FOR AT LEAST 30 DAYS AFTER MY RECEIPT OF THE SPECIAL TAX NOTICE AND THAT I HAVE BEEN PROVIDED WITH INFORMATION CLEARLY INDICATING THAT I HAVE AT LEAST 30 DAYS TO MAKE THE DECISION, AND I HEREBY WAIVE THE 30 DAY WAITING PERIOD AND ELECT AN IMMEDIATE DISTRIBUTION IN ACCORDANCE WITH MY SELECTION. I HAVE BEEN ADVISED TO SEEK QUALIFIED TAX, FINANCIAL, AND LEGAL ADVICE REGARDING THE IMPACT TO ME OF THIS DISTRIBUTION.

\_\_\_\_\_  
Signature of Member - **REQUIRED**                                      Date

**City of West Palm Beach Police Pension Fund**  
**AGREEMENT OF RECEIVING TRUSTEE OR PLAN**

**PLEASE PRINT NAME HERE:** \_\_\_\_\_

**Note to Member: This page is to be completed if option B or C was selected on page one.**

In accordance with the authorization on page one; we agree to deposit the forthcoming rollover amount from the *City of West Palm Beach Police Pension Fund* into the following plan or account:

Type of Plan or Account receiving rollover (check one):

**(Active Members MUST elect DROP OR SHARE OPTION ONLY)**

- \_\_\_\_\_ My Existing DROP Account.
- \_\_\_\_\_ My Existing SHARE Account.
- \* \_\_\_\_\_ 401(a) - 401(k), profit-sharing plan, defined benefit plan, money purchase plan, other "eligible employer plan".
- \_\_\_\_\_ 403(a) - annuity plan.
- \_\_\_\_\_ 403(b) - tax-sheltered annuity.
- \_\_\_\_\_ 457(b) - eligible deferred compensation plan maintained by government employer.
- \_\_\_\_\_ 408(a) - Traditional IRA (not Roth IRA, Simple IRA or a Coverdell Education Savings Account).
- \* *If rollover includes after-tax contributions to a 401(a) eligible employer plan, the receiving 401(a) plan hereby agrees to accept such rollovers and agrees to separately account for such amounts rolled over including separate accounting for the after-tax employee contributions and earnings on these contributions.*

\_\_\_\_\_  
Print Name and Title of Authorized Representative

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Plan Name and Account Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Return to:

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

**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.

**NOTICE: The Board of Trustees (& Staff) cannot provide financial or tax advice. You are advised to consult with a qualified professional before making any election.**