



Palm Bay Police & Firefighters' Pension Fund
1501 Robert J. Conlan Blvd, NE, Ste 240 ~ Palm Bay, FL 32905-3567

PLAN ACCOUNT NO. _____

Use this form if you are about to retire or if you have already retired and want to change either your Direct Deposit or Monthly Deduction Instructions.

**RETIREMENT BENEFIT FORM; DIRECT DEPOSIT INSTRUCTIONS;
MONTHLY DEDUCTION INSTRUCTIONS; AND SPECIAL TAX NOTICE**

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

Classification: Police Officer Firefighter

Retirement: Normal Retiree Early Retiree Disabled Retiree Terminated Vested Retiree
Beneficiary (Attach a Certified Copy of the Member's Death Certificate)

Participant Name: _____ SSN: _____ Date-of-Birth _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

E-Mail Address: _____ Today's Date: _____

Payment Information Date of Retirement: _____ Beginning Distribution Date: _____

Monthly Payment Cycle Notations: _____

Benefit Selection Option: _____ or The End Date of the Distribution: _____

Supplemental Pay Amount: \$ _____ Begin Date: _____ End Date: _____

Supplemental Pay Amount: \$ _____ Begin Date: _____ End Date: _____

Non-Taxed Per Month \$ _____ Taxable Per Month \$ _____ Non-Tax Per Month End Date _____

Direct Deposit Instructions

Your new deposit instructions will be executed as soon as possible. In general, you will experience a forty-five (45) day delay prior to your first Direct Deposit. This is necessary in order to notify the receiving financial institution and test the transmission of funds prior to implementation. ***In the event that you close your bank account for any reason, you must request a new authorization agreement and repeat the application process, to transfer your Direct Deposit into the new bank account.***

I (we) hereby authorize the Palm Bay Police & Firefighters' Custodial Bank (financial institution) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below at the financial institution names below. Please deposit my monthly retirement deposit into my personal account as follows:

Bank Name & Address: _____

Checking Account No.: _____ or Savings Account No.: _____

Bank Routing/Transit No.: _____

This account is in the name(s) of: _____

(Please attach a voided check; deposit slips do not insure that we receive proper routing numbers)

MONTHLY DEDUCTION INSTRUCTIONS

Deductions (Do not include federal withholding)

Medical Insurance [] \$ _____ Payable to & Address _____

Dental Insurance [] \$ _____ Payable to & Address _____

Vision [] \$ _____ Payable to & Address _____

Group Life Insurance [] (Thru City of Palm Bay) \$ _____ Payable to Address _____

Life Insurance [] \$ _____ Payable to & Address _____

Long Term Care [] \$ _____ Payable to & Address _____

Child Support [] \$ _____ Payable to & Address _____

Alimony [] \$ _____ Payable to & Address _____

Union Dues [] \$ _____ Payable to & Address _____

Other [] \$ _____ Payable to & Address _____

Other [] \$ _____ Payable to & Address _____

Special/retro payment information for Custodian

The Palm Bay Police & Firefighters' Custodial Bank, in its appointed capacity, is authorized to make payment based on the above information. This authority is to remain in full force and effect until the custodial bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the custodial bank (financial institution) a reasonable opportunity to act.

If any payments are deposited to my (our) account, which I (or either of us) are not entitled under said Plan, by reason of death prior to the date when such payments became due, then for myself, my heirs, executors, and assigns, I (we) agree to repay and refund the amount of any such overpayments. In furtherance of such obligations, I (we) authorize and direct the financial institution to refund the amount of such overpayments to the Custodial Bank, Trust Department and charge the same to my (our) account.

(Two signatures are required for checking or savings accounts in joint names)

Signature _____ Date _____

Signature _____ Date _____

In the event any section of this form is incomplete or inaccurate, the Plan's bank may not process the transaction requested on this form and may require that you complete a new form or provide additional information before the distribution can be processed.

If you do not wish to receive a payment by Direct Deposit, the Custodial Bank offers a debit card option. If you prefer to receive your pension payment by debit card initial below.

- By my initial, I wish to receive my pension payment through a debit card rather than direct deposit.

Federal Tax Withholding Instructions

Attach a completed W-4P Internal Revenue Service Form for tax withholding instructions. If no election is made, withholding will be as if you were a married individual claiming three withholding allowances. If the taxable portion of your annual pension payments is less than \$15,360 no taxes will be withheld. If you are a U.S. citizen or resident alien or a beneficiary and you are either a U.S. citizen living abroad or a resident alien, and our payment is to be delivered outside the US or its possessions, you may not elect our of Federal income tax withholding. Contact your tax professional for more information. Are you a US Citizen?

Yes [] No []

SPECIAL TAX NOTICE

By signing below I acknowledge receipt of the Special Tax Notice.

AFFIRMATION OF DISTRIBUTION ELECTION AND WAIVER OF THIRTY DAY NOTICE PERIODS

Because all required notices were given to me more than 30 days prior to the annuity starting date, I understand that the law requires that I receive the Special Tax Notice and any other required notices again. I certify that I received these notices on _____ 20_____. I further understand that I must have the opportunity to reconsider my decision regarding my distribution for at least 30 days after all required notices have been provided to me and that I may change or reaffirm my previous election. I understand that if I wish to change my election, I must contact the Plan Administrator at the following address and phone for a new election form. I further understand that I may waive the 30 day waiting period. If I have returned the form prior to the expiration of the 30-day election period, my signature on this form serves as a waiver of my right to any remaining portion of the 30-day election period. I understand that if I do not want the distribution processed prior to the expiration of the 30-day election period, then I must wait to submit the form until after 30 days has elapsed.

I hereby elect to waive this 30 day waiting period and to reaffirm my initial distribution election by signing below.

Participant Signature

Date

Authorization of Trustees

The Plan Administrator hereby certifies that the information provided herein is accurate and complete and authorizes its custodial bank, in its appointed capacity, to disburse funds subject to any withholding election or withholding rules from the Trust Fund, established in accordance with the Plan. The Plan Administrator further certifies that this deposit & deduction payment form, the Special Tax Notice and all other required notices were given to the payee on

_____ 20_____, which is at least 30 days and not more than 90 days before benefits will commence.

Approved in the Palm Bay Police & Firefighters' Pension Board of Trustees Meeting dated _____ 20_____; No. _____.

Signed By _____ Title _____ Date _____