CITY OF LEESBURG MUNICIPAL FIREFIGHTERS' RETIREMENT PLAN

APPLICATION FOR REFUND OF EMPLOYEE CONTRIBUTIONS

EMPLOYEE DATA

Member Name: _____ **Date of Hire :** _____/_____/_____

Marital Status: _____ **SS#***: _____- _____- _____ **Date of Birth:** _____/_____/_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone : (_____)_____ **Personal E-mail Address:**_____

Last Day of Employment: _____
(Month-Day-Year)

Contribution Amount

I realize that part or all of the accumulated contributions which will be refunded have not previously been included in taxable income, and are eligible to be "rolled over" to my individual retirement arrangement or to another employer plan. I received the "Special Tax Notice Regarding Plan Payments" on , and I make the election as shown below.

_____NO, I do NOT elect a DIRECT ROLLOVER. I choose to have the accumulated contributions less the required withholding for incoming tax, paid directly to me.

_____I request to pick up my check.

_____Please mail check to my home address.

_____ YES, I elect a DIRECT ROLLOVER of the entire "eligible rollover distribution", or the portion I specify, (specify amount $) to be paid to my individual retirement account or other pension plan as named below.

If you check "YES", supply the name, address and account number of the trustee you have chosen for your individual retirement arrangement, or the name of another employer pension plan.

NAME OF TRUSTEE AND ACCOUNT NO. _____

NAME OF RETIREMENT PLAN _____

ADDRESS_____

_____

When you elect a ROLLOVER, the check will be made payable to the trustee you name. Any funds not rolled over will be paid to you, less any required withholding tax.

Important Notice: If you are rehired within 5 years of your date of termination, you must request to repurchase time within one year of re-employment by repayment of your
contributions plus interest, by repayment of your contributions plus interest. If you do not make this request within one year to restore this term of service, you will need to pay the full actuarial cost of adding this service.

I understand that this refund of contributions represents a refund of my interest in the pension plan and is in lieu of any other benefit under the Plan that I may be entitled to. I hereby release the Fund from any further liability to me for any form of benefits under the Pension Plan.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. This Application revokes any prior Applications.

_____ _____

Member Signature **Date**

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of:
[ ] physical presence or [ ] online notarization

this _____/_____/_____ by _____, who is personally known to me
(date) (name of person acknowledging)

or who has produced _____as identification and who did (did not) take an oath.
(Type of Identification Produced)

_____
(Signature of Notary Public)

Return To: City of Leesburg Municipal Firemen's Retirement Plan
33937 Tarawood Drive
Leesburg, Florida 34788

*SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT
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.

Office use only

Updated/Entered By: _____ *Date:* _____