

BOARD OF TRUSTEES OF THE CITY PENSION FUND FOR  
FIREFIGHTERS AND POLICE OFFICERS  
IN THE CITY OF TAMPA

**ELECTION OF FORM OF DISTRIBUTION OF ACCUMULATED DROP BENEFITS**

I, \_\_\_\_\_, (print name) make the following selection for distribution of my accumulated DROP benefits (check only one option):

- \_\_\_\_\_ 1. Rollover the balance to another eligible retirement plan(s) (as permitted by law) such as an IRA, annuity from an insurance company, or such other rollover vehicle. Please send my accumulated DROP balance to: [Note: street address – not P. O. Box – must be provided for DROP rollovers in excess of \$100,000]

Plan 1: \_\_\_\_\_ (amount/percentage)

\_\_\_\_\_ (name of plan)

Make check payable to: \_\_\_\_\_ (institution)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city/state/zip)

\_\_\_\_\_ (account no.)

Type of account:     IRA             Other Eligible Plan

Plan 2: \_\_\_\_\_ (amount/percentage)

\_\_\_\_\_ (name of plan)

Make check payable to: \_\_\_\_\_ (institution)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city/state/zip)

\_\_\_\_\_ (account no.)

Type of account:     IRA             Other Eligible Plan

- \_\_\_\_\_ 2. A full and single lump sum distribution.

- \_\_\_\_\_ 3. Partial rollover to the above named eligible retirement plan(s) **AND** partial lump sum distribution to the above named individual (specify amounts/percentages):

Plan 1: \_\_\_\_\_            Plan 2: \_\_\_\_\_            Lump Sum: \_\_\_\_\_

Please send any lump sum DROP distribution *and* the post-tax pension contribution recovery check to (initial one):

\_\_\_\_\_ Direct Deposit to Account on File    -or-    \_\_\_\_\_ New direct deposit for DROP only  
(include voided check)

\_\_\_\_\_ (institution)  
\_\_\_\_\_ (account ending, last 4)

\_\_\_\_\_ (institution)  
\_\_\_\_\_ (routing #)  
\_\_\_\_\_ (account #)  
\_\_\_\_\_ checking    \_\_\_\_\_ savings    (check one)

The distributions of my accumulated DROP benefits may be subject to penalties, income tax withholding, or other withholding or liabilities required by law.

Initial: \_\_\_\_\_

**ELECTION OF FORM OF DISTRIBUTION OF ACCUMULATED DROP BENEFITS**

\_\_\_\_\_ I acknowledge that I have received the “Special Tax Notice Regarding Plan Payments Under  
Governmental 401(a) Plans” distributed by the Tampa Fire & Police Pension Fund.  
Please Initial

Should I die before my accumulated DROP benefits are paid out in full, any remaining accumulated DROP benefits shall be paid out in accordance with my latest Designation of Beneficiary or Beneficiaries for Accumulated DROP Benefits. I acknowledge that this contingency applies only to the balance of my accumulated DROP benefits, and at no time should it be construed to give the recipient any payment of my monthly pension benefit, cost of living adjustments or 13<sup>th</sup> check benefits. Any such monthly installments, cost of living adjustments or 13<sup>th</sup> check benefits shall be payable according to my pension contract and Retirement Election – Optional Forms of Payment selection.

In the event no selection is made, then the balance of my accumulated DROP benefits will remain in the plan without any additional interest after the typical annual distribution date of December 31<sup>st</sup> until a properly completed Election of Form of Distribution of Accumulated DROP Benefits has been received by the pension office. Distribution will occur no later than 180 days after receipt of the delayed, properly executed form, but no sooner than 3/31. I understand that this paragraph shall not be used in an attempt to avoid constructive receipt under the Internal Revenue Code.

I understand that the Tampa Fire & Police Pension Fund requests and maintains social security numbers on behalf of plan participants, beneficiaries and retirees for data collection, reconciliation, tracking, benefit processing, tax reporting, and identity verification purposes. I also understand that social security numbers are also used as a unique numeric identifier and may be used for death record searches for retirees and beneficiaries.

I acknowledge that the Board of Trustees of the City Pension Fund for Firefighters and Police Officers in the City of Tampa and/or staff do not act as my legal, tax, or financial advisor in this DROP Election of Distribution and that all decisions are my responsibility and that I have been advised to seek independent legal and financial/tax planning advice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Name Printed

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public