



ELECTION FORM FOR DISTRIBUTION OF ACCUMULATED DROP BENEFITS

I, \_\_\_\_\_ GE # \_\_\_\_\_, make the following selection for the distribution of my accumulated DROP benefits (check only 1 option). I understand that my accumulated DROP benefits cannot be rolled over to a SIMPLE IRA or a COVERDELL EDUCATION SAVINGS ACCOUNT.

\_\_\_1. Rollover the balance to (check one): [ ] Traditional IRA [ ] Roth IRA [ ] Eligible employer plan [ ] Governmental 457 plan

Name of Company: \_\_\_\_\_
Make Check Payable to: \_\_\_\_\_
Street Address or P.O. Box: \_\_\_\_\_
City, State, and Zip Code: \_\_\_\_\_
Account Number: \_\_\_\_\_

For Division A only: Roll over non-taxable contributions? [ ] Yes, distribute it to the account above [ ] No, issue a check payable to me or Direct Deposit

\_\_\_2. A full and single lump sum distribution (for Bank Deposit)

Financial Institution: \_\_\_\_\_
Street Address or P.O. Box: \_\_\_\_\_
City, State, and Zip Code: \_\_\_\_\_
ACH routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

\_\_\_3. Partial rollover to the IRA, eligible employer plan, or governmental 457 plan list above (\$ \_\_\_\_\_) and partial lump sum distribution (\$ \_\_\_\_\_)

I understand that, if I do not make a selection, then the balance in my DROP account will be paid to me in a full and single lump sum distribution. I further understand that I should consult with a professional tax advisor before making my election.

I understand that the distribution of my accumulated DROP benefit may be subject to penalties, income tax withholding, or other withholding or liabilities as required by law. I understand that, if I should die before my accumulated DROP benefit is paid out in full, any remaining accumulated DROP benefit shall be paid in accordance with my latest designation of beneficiary (ies) form for accumulated DROP benefits. In the absence of a designation of beneficiary (ies) form for accumulated DROP benefits, this shall be paid out in accordance with the provisions of Chapter 23559, Laws of Florida of 1945, as amended (the "Retirement Plan"), and other applicable law. I understand that at no time will an election form for distribution of accumulated DROP benefits will be applied to any benefit other than DROP accruals.

Date \_\_\_\_\_ Signature \_\_\_\_\_

City Employee Number \_\_\_\_\_ Last 4 Social Security # (or TIN) \_\_\_\_\_

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