



THE SUNRISE CITY  
**FORT PIERCE**  
RETIREMENT AND  
BENEFIT SYSTEM

*Florida*

**RETIREMENT REFUND REQUEST FORM**

**Fort Pierce Retirement**

**P.O. Box 1480**

**Fort Pierce, FL 34954-1480**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

E-mail address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

Permanent address to which check, and correspondence should be sent (if different from above):

Number

Street

City

State

Zip Code

**IMPORTANT NOTICE TO VESTED (5 YEARS OF SERVICE) EMPLOYEES:**

**PLEASE BE AWARE THAT YOU MAY DEFER YOUR RETIREMENT BENEFITS BY LEAVING YOUR CONTRIBUTIONS IN THE FORT PIERCE RETIREMENT SYSTEM AND AT AGE 60 RECEIVE A MONTHLY BENEFIT. IN SIGNING THIS REQUEST FOR REFUND, YOU LOSE THIS BENEFIT AND ALL FUTURE RIGHTS TO ANY BENEFITS OF THE FORT PIERCE RETIREMENT SYSTEM.**

PLEASE SELECT OPTION A OR B BELOW:

- A. The City of Fort Pierce Retirement System is directed to make full payment to me, the member, less any applicable withholding tax described in the **Special Tax Notice** received with this election form. I am aware that a penalty for early withdrawal can be assessed by the IRS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- B. The City of Fort Pierce Retirement System is directed to mail the taxable portion of my distribution to the Trustee named on the reverse side for deposit in accordance with the rollover provisions. The non-taxable portion (if any) will be paid directly to me, the member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COMPLETE AGREEMENT ON REVERSE SIDE IF OPTION "B" IS SELECTED**



**FOR ROLLOVER ONLY (IF OPTION B WAS SELECTED)**

Upon retirement, a member's accumulated member contributions shall be transferred to the annuity reserve fund. Except as otherwise provided in this article, at the expiration of a period of four (4) years following the date a member ceases to be a member, any balance of the member's accumulated member contributions unclaimed by the member or the member's legal representative, shall be transferred to the employer accumulation fund.

**AGREEMENT OF DEPOSITORY TRUSTEE**

In accordance with the authorization of the depositor, it is agreed to deposit the forthcoming taxable amount of my contributions from the CITY OF FORT PIERCE RETIREMENT & BENEFIT SYSTEM to

\_\_\_\_\_ In the following account:  
 (Print Name of Company/Bank)

Type of Account (check one)

- IRA \_\_\_\_\_ 408 (a) \_\_\_\_\_
- 401 (a) \_\_\_\_\_ 408 (b) \_\_\_\_\_
- 401 (k) \_\_\_\_\_ 403 (a) \_\_\_\_\_
- OTHER \_\_\_\_\_

\_\_\_\_\_ Trustee (Name of Company/Bank) \_\_\_\_\_ Account Number (if known)

\_\_\_\_\_ Mailing Address of Trustee

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Signature (of Employee) \_\_\_\_\_ Date



**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known to me or who  
produced the following identification: \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

In accordance with the provisions of Florida Statutes, SS117.04(4)(I), Notary name must be printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name.

\_\_\_\_\_  
Printed, typed, or stamped name of Notary



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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 understand that I will not receive credit for service if I have withdrawn my contributions to the Fund, unless I repay into the Fund the amount I have withdrawn, plus interest and the full actuarial cost of such previously forfeited service credit so that no part of the cost will be paid by the employer or the retirement system. In addition, the member requesting reinstatement shall be responsible for paying the actuary's fee for providing the cost information; and credited service shall be instated and become effective immediately following payment of the monies.

I understand that I may voluntarily leave my contributions in the Fund for a period of 4 years after leaving the employment of City of Fort Pierce, without losing credit for the time I have participate actively. If I am not reemployed by the City of Fort Pierce within 4 years, my contributions shall be returned to me (upon my request for the refund), if no request is made and the members accumulated member contributions is unclaimed by the member or legal representative contributions will be forfeited.

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.