

**CITY OF POMPANO BEACH
GENERAL EMPLOYEES' PENSION PLAN**

DEFERRED RETIREMENT OPTION PLAN WITHDRAWAL FORM

Name: _____ Social Security Number: _____

As a result of my termination of employment with the City of Pompano Beach on _____, I elect to receive the balance in my Deferred Retirement Option Plan (DROP) account as follows (**initial one**):

_____ Please transfer the entire balance of my DROP account to my tax-deferred investment account at the following institution: _____
_____. I understand that the entire balance will keep its tax-deferred status and that it is not subject to federal income tax withholding until it is withdrawn from the new account.

_____ Please issue a check for \$_____ from my DROP account payable directly to me, less 20% for federal income tax withholding, and transfer the remaining balance to my tax-deferred investment account at the following institution: _____.

_____ Please issue a check for the entire balance of my DROP account payable directly to me. I have received the **Special Tax Notice Regarding Plan Payments** and have been advised of my rights to transfer all or a portion of my DROP account to another tax-deferred investment account. I understand that 20% of the distribution will be deducted for federal income tax withholding.

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

Member's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____, who, after being first duly sworn, deposes and says that _____ is the applicant in the above form and that has read and accepts the foregoing statements contained therein and has produced _____ as identification.

SWORN TO and subscribed before me this _____ day of _____, 20_____.

Notary Public
My Commission expires: