



## City of Sunrise – Police Officers’ Retirement System

### DROP DISTRIBUTION ELECTION FORM

**PURPOSE:** To be completed by the Plan Member or (*Beneficiary*) eligible for a DROP distribution from the City of Sunrise Police Officers’ Retirement Plan, (the "Plan").

**DIRECTIONS:** Make a DROP distribution selection and properly execute *section I and II* of this form. If Option B or C is selected, page two must be completed as prescribed. Return this form to the Office of Retirement.

I. **Please select option A, B or C below:**

- A. **PAY ME:** The Plan is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

- B. **DIRECT ROLLOVER:** The Plan is directed to mail \$\_\_\_\_\_ of my distribution to \_\_\_\_\_ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

- C. **PARTIAL ROLLOVER:** The Plan is directed mail \$\_\_\_\_\_ of my distribution to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form, and \$\_\_\_\_\_ of my distribution to \_\_\_\_\_ (Name of Trustee or Plan) for deposit in accordance with the rollover provisions.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Member must sign acknowledging receipt of the Special Tax Notice provided.**

13790 NW 4th Street, Suite 105 Sunrise, FL 33325 | (954) 845-0298

[www.sunrisepolicepension.com](http://www.sunrisepolicepension.com)

## AGREEMENT OF RECEIVING TRUSTEE OR PLAN

**Note to Member: This page is to be completed by the authorized representative of the receiving Plan or IRA, only if option B or C was selected on page one.**

In accordance with the authorization on page one, we agree to deposit the forthcoming rollover amount from the *City of Sunrise Police Officers' Retirement Plan* into the following plan or account:

Type of Plan or Account receiving rollover (check one):

- \* \_\_\_\_\_ 401(a) [401(k), profit-sharing plan, defined benefit plan, money purchase plan, other "eligible employer plan"]
- \_\_\_\_\_ (403(a) [annuity plan]
- \_\_\_\_\_ (403(b) [tax-sheltered annuity]
- \_\_\_\_\_ 457(b) [eligible deferred compensation plan maintained by government employer]
- \_\_\_\_\_ 408(a) [Traditional IRA (**not** Roth IRA, Simple IRA or Coverdell Education Savings Account)]

\* *If rollover includes after-tax contributions to a 401(a) eligible employer plan, the receiving 401(a) plan hereby agrees to accept such rollovers and agrees to separately account for such amounts rolled over including separate accounting for the after-tax employee contributions and earnings on these contributions*

\_\_\_\_\_  
Print Name & Title of Authorized Representative

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Plan Name & Account Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

Return to:  
**CITY OF SUNRISE POLICE OFFICERS' RETIREMENT PLAN**  
**13790 N.W. 4<sup>th</sup> Street, Suite 105**  
**Sunrise, FL 33325**

### 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.