



El Paso Firemen & Policemen's Pension Fund



APPLICATION FOR REFUND OF CONTRIBUTIONS

Section 10.02 of the El Paso Firemen & Policemen's Pension Fund Plan Document provides for the refund of member contributions to members with five (5) or more years of vesting service. By requesting a refund of contributions, you will forfeit all credited service with the Fund and all rights to a pension. Please allow four to six weeks to process this refund.

SECTION I: MEMBER INFORMATION

Name:	<input type="text"/>	Social Security Number: XXX-XX-	<input type="text"/>
Mailing Address:	<input type="text"/>		
	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>
Phone Number:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="checkbox"/> Fire <input type="checkbox"/> Police
Date of Termination/Resignation:	<input type="text"/>	Today's Date:	<input type="text"/>
KRONOS ID:	<input type="text"/>	Email:	<input type="text"/>
Have you ever previously received a refund of your contributions?	Yes	No	Initial: <input type="text"/>
If Yes, when:	<input type="text"/>		
Do you have a Domestic Relations Order in effect?	Yes	No	Initial: <input type="text"/>
For members with ten (10) or more years of vesting service: <i>I acknowledge that options for deferred retirement have been explained to me. I, however, am electing to take a refund of my contributions in lieu of a deferred retirement.</i>			
Initial: <input type="text"/>			

SECTION II: DISTRIBUTION CHOICES

The El Paso Firemen & Policemen's Pension Fund does not provide tax advice or recommendations regarding which distribution option may be appropriate for you. Therefore, we strongly suggest that you consult with a professional tax advisor prior to making your distribution election.

For further information regarding the tax implications of your election, please refer to the *Special Tax Notice Regarding Plan Payments* provided with this form. For an explanation of tax rules, please consult with a professional tax advisor and/or refer to the IRS web site at www.irs.gov.

SECTION II: DISTRIBUTION CHOICES - continued

I have read the *Special Tax Notice Regarding Plan Payments* and hereby elect the following (elect one):

Pay the distribution directly to me. I understand that a minimum of 20% of the taxable portion of this distribution will be withheld for federal income tax. I therefore elect % (percentage must be 20% or greater) to be withheld in federal income tax.

Direct Rollover of 100% of my distribution. No federal income tax will be withheld. (You must complete SECTION III.)

Pay \$ of the distribution directly to me*, with the remaining balance to be processed as a direct rollover. I elect to have % taken from the amount paid to me (percentage must be 20% or greater) in federal income tax. No federal income tax will be withheld on the amount which is directly rolled over. (You must complete SECTION III.)

*Please refer to IRS form W-4R for General instructions on federal withholding for distributions paid directly to member.

Signature:

Date:

Your Right to Waive the 30 Day Notice Period

Generally, neither a direct rollover nor a payment can be made from the El Paso Firemen & Policemen's Pension Fund until at least thirty (30) days after your receipt of the enclosed *Special Tax Notice Regarding Plan Payments*. You received such notice on _____ and therefore, have at least thirty (30) days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this thirty (30) day period has passed for your election to be processed, you may waive the notice period by making such an affirmative election below. Your withdrawal will then be processed in accordance with your election as soon as possible. The end of your thirty (30) day notice period is _____.

I hereby elect to waive the thirty (30) day notice period and wish to have my election immediately processed.

Signature:

SECTION III: DIRECT ROLLOVER INFORMATION

Plan Receiving Rollover (select one):

Please review the provisions in the *Special Tax Notice Regarding Plan Payments* for information concerning rollover distributions.

Traditional Individual Retirement Account (IRA)*

408A Roth IRA

plan qualified under Code Section 401(a)**

Tax Deferred Annuity under Code Section 403(b)**

Governmental Deferred Compensation Arrangement
under Code Section 457(b)**

* Please attach a statement from your financial institution verifying the account as shown below is in fact a Traditional IRA.

** Please attach a statement from either a trustee or plan administrator verifying that the plan will accept a direct rollover.

Name of Financial Institution or Plan:

Address of Financial Institution or Plan:

Street City State Zip Code

Mailing Address (if different from above):

Street City State Zip Code

Account Number (required for IRA):

SECTION IV: ACCOUNT INFORMATION - DIRECT DEPOSIT REQUESTS ONLY

If a portion or 100% of the distribution is being paid directly to you, complete the following:

Bank Name: Bank Phone Number:
Routing & Transit #: Account Number:
Type of Account Checking Savings

Please ensure the routing number and account information are accurate. The Fund is not responsible for inaccurate information. Information entered inaccurately will cause a delay in payment of benefits.

SECTION V: MEMBER AUTHORIZATION

I hereby certify that the information I have provided herein is true and correct to the best of my knowledge and belief.

Member Signature: Date:

Member's Full Printed Name:

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 _____. (SEAL)

Signature of Notary

Commission Expires

Return this form to the El Paso Firemen & Policemen's Pension Fund.