



El Paso Firemen & Policemen's Pension Fund



BENEFICIARY APPLICATION FOR REFUND OF MEMBER CONTRIBUTIONS

Sections 12.03 and 12.04 of the El Paso Firemen & Policemen's Pension Fund Plan Document provide for the refund of member contributions to certain beneficiaries after the death of the member. To receive this refund, please complete this form. Please allow four to six weeks to process this request.

SECTION I: MEMBER INFORMATION

Member Name: Social Security Number:
Date of Birth: Date of Death: Fire Police

SECTION II: BENEFICIARY INFORMATION

Name: Social Security Number:
Mailing Address:
Street City State Zip Code
Phone Number: Date of Birth:
Relationship to Member:

SECTION III: 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.

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 20% of the taxable portion of this distribution will be withheld for Federal income tax. I further understand that the Fund cannot refund amounts withheld for Federal income tax.*
- Direct Rollover of 100% of my distribution. No Federal income tax will be withheld. *(You must complete SECTION IV.)*
- Pay \$ of the distribution directly to me*, with the remaining balance to be processed as a direct rollover. Federal income tax at the rate of 20% will be withheld on the taxable portion which is paid directly to me. No Federal income tax will be withheld on the amount which is directly rolled over. *(You must complete SECTION IV.)*

Beneficiary Signature: Date:

***To receive your distribution through direct deposit, please complete SECTION V and an *Electronic Funds Transfer Authorization form*.**

[continued back page](#) ←

SECTION III: DISTRIBUTION CHOICES (continued)

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.

** Dates must be completed for the signed waiver to be accepted.*

Beneficiary Signature:

SECTION IV: 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
- eligible employer plan**

** 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:

Mailing Address (if different from above):

Account Number (required for IRA):

SECTION V: ACCOUNT INFORMATION - DIRECT DEPOSIT ONLY

If you would like to receive your funds identified in SECTION III through Direct Deposit, please complete the following information and an *Electronic Funds Transfer Authorization form*.

Bank Name: Bank Phone Number:

Routing & Transit #: Account Number:

Type of Account Checking Savings

If using a checking account: attach a voided blank check from your financial institution indicating your account number routing number. Do not attach a deposit slip.

BENEFICIARY APPLICATION FOR REFUND OF MEMBER CONTRIBUTIONS

page 3

SECTION VI: BENEFICIARY AUTHORIZATION

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

Beneficiary Signature:

Date:

must be signed in the presence of a Notary Public

Beneficiary'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.

FOR OFFICE USE ONLY

MEMBERSHIP DATE: ____/____/____ TERMINATION DATE: ____/____/____ LAST CK DATE: ____/____/____

VERIFIED BY: DEPARTMENT PERSONNEL RECORDS PEOPLESOFT SVC CREDIT: _____ YRS _____ MNTHS

QDRO ON FILE: YES NO IF YES, NAME: _____

GROSS REFUND: \$ _____ TAXABLE AMOUNT: \$ _____ POST; \$ _____ PRE

IF APPLICABLE, NET REFUND: \$ _____ (20% FED W/H: \$ _____)

CHECK REQUESTED ON: ____/____/____ DATE OF CHECK: ____/____/____ CHECK NO: _____

SIGNATURE: _____

TODAY'S DATE: _____

BENEFICIARY APPLICATION FOR REFUND OF MEMBER CONTRIBUTIONS

Form Instructions

This form requires the beneficiary's signature to be notarized!

SECTION I: MEMBER INFORMATION

Please complete in full.

SECTION II: BENEFICIARY INFORMATION

Please complete in full.

SECTION III: DISTRIBUTION CHOICES

Please refer to the *Special Tax Notice Regarding Plan Payments* for further information before making your selection and indicate which option you desire. Read this section in its entirety and complete all required information.

SECTION IV: DIRECT ROLLOVER INFORMATION

If you are selecting a direct rollover of your funds, please complete this section.

SECTION V: ACCOUNT INFORMATION - DIRECT DEPOSIT REQUESTS ONLY

Please complete this section if you desire to have all or a portion of your funds directly deposited to an account. You will also need to complete the *Electronic Funds Transfer Authorization* form if you select the direct deposit option.

SECTION VI: BENEFICIARY AUTHORIZATION

This section requires that your signature be notarized. Therefore, do not sign until you are in the presence of a Notary Public.

Common places to find a Notary Public include courts, banks, law offices, insurance companies, city or town halls, and drug stores or pharmacies. You may also want to look up Notary Public in your local telephone book for further locations.

After the form is complete, please return the form to the El Paso Firemen & Policemen's Pension Fund office located at the following address:

909 East San Antonio Avenue
El Paso, TX 79901-2523