

City of Tallahassee
Firefighters' 401(a) Supplemental Share Plan
Termination/Distribution Election Form

Form with fields for First, Middle Initial, Last, Social Security Number, Emp ID, Street, City, Zip Code, Date of Birth, Date of Employment, Date of Termination.

I hereby elect a distribution as indicated below:
(If you wish to receive a distribution, but are not yet age 59½, you may be subject to a 10% IRS Tax Penalty.)

- A. Lump Sum: The total dollar value of my Accumulation in a single sum.
B. Direct Rollover: To rollover my Accumulations to (who Maintains an eligible 401(k)/IRA):
C. Vesting: To leave the total of my Accumulations with Prudential until my Retirement Date or any earlier date that I may choose.
D. Partial Withdrawal: \$ of my Accumulations in a single sum, and to leave the remaining portion of my Accumulations with Prudential until my Retirement Date or any earlier date that I may choose.
E. Systematic Withdrawal: There is a minimum \$100 withdrawal amount under this payment method.
F. 72 t Payment: Calculation is attached. Payments are to commence on or after

Plan Name:
Address: Account Number:

- Monthly (to be effective on the 15th of each month)
Quarterly (to be effective on the 15th of each third month)
Semi-Annually (to be effective on the 15th of each sixth month)
Annually (to be effective on the 15th of each twelfth month)

Express Mail I wish to have my disbursement check sent by Express Mail. Please deduct \$10.50 from my account prior to the distribution. Express mail is not available for annuities or systematic disbursements, and can only be sent to a street address.

I understand the information I have provided will be relied upon in processing my request. I further understand that I will be responsible for its accuracy in the event any dispute arises with respect to the transaction. I acknowledge that I have read the attached Special Tax Notice Regarding Plan Payments. I understand the tax implications regarding this disbursement, including that if I am entitled to an eligible rollover distribution, I have the right to consider the decision of whether or not to elect a Direct Rollover for at least 30 days after this special tax notice is provided.

WARNING: Any person, who knowingly and with intent to defraud any insurance company or other person, files a statement of claim which contains any materially false information or which conceals information concerning any material fact for the purpose of misleading, commits a fraudulent insurance act under the laws of certain states. A fraudulent insurance act is a crime and subjects such person to criminal and civil penalties. In some states the false or concealed information does not need to be "material" in order to result in a fraudulent insurance act.

Signature of Employee: Date:

The above information is certified as correct:
By: (Authorized Representative of the City of Tallahassee) Date: