

Plan 06993  
 000001 (Fire Active)  
 000002 (General Active)  
 000005 (Police Active)

City of Tallahassee  
Deferred Retirement Option Plan DROP  
Termination/Distribution Election Form

Plan 06993  
 000003 (Fire Term)  
 000004 (General Term)  
 000006 (Police Term)

|               |                    |      |                        |        |
|---------------|--------------------|------|------------------------|--------|
| 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):

Plan Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

**If Options C through F are chosen, transfer account assets to Sub Plan  000003  000004  000005**

- 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.  
I elect to receive Systematic Payments in the amount of \$ \_\_\_\_\_ per payment.  
Payments are to commence on or after \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Monthly (to be effective on the 15<sup>th</sup> of each month)
  - Quarterly (to be effective on the 15<sup>th</sup> of each third month)
  - Semi-Annually (to be effective on the 15<sup>th</sup> of each sixth month)
  - Annually (to be effective on the 15<sup>th</sup> of each twelfth month)
- F.  *72 t Payment:* Calculation is attached. Payments are to commence on or after \_\_\_\_/\_\_\_\_/\_\_\_\_

**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. The taxable portion of any Distribution that is eligible for "Rollover" is subject to a *mandatory 20% federal income tax withholding*, unless that amount is directly rolled to an Individual Retirement Account (IRA) or to another plan in which I am a participant.

**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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Representative of the City of Tallahassee)