MAP-401(k)
TERMINATION/DISTRIBUTION ELECTION FORM

PARTICIPANT PERSONAL DATA

Pension Office Use Only:
Approximate Balance: $_____ as of _____

Group Annuity Number: GA- 006918

Loan: ☐ **Default** ☐ **Convert my loan to coupon payment**

Subplan Number (circle): **1944** (General) **1983** (Fire) **1984** (Police) **3257** (Matched) **3258** (Unmatched)

Participant's Social Security No. _____ - _____ - _____ Sex _____

Name (Please Print)
First _____ Middle Initial _____ Last _____ Home Telephone Number ( ) _____

Benefit Mailing Address
Street _____ City _____ State _____ Zip _____

Date of Birth _____ - _____ - _____ (Mo. Day Yr.)

Date of Employment _____ - _____ - _____ (Mo. Day Yr.)

Date of Termination _____ - _____ - _____ (Mo. Day Yr.)

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 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: _____

Percentage of after-tax contributions (if any) to be rolled +_____+%
(If no percentage is indicated, after-tax contributions will be included in the direct rollover. It is your responsibility to confirm that the receiving plan accepts rollovers, including after-tax, if applicable.)

Pension Office Use Only – **DIRECTION TO PRUDENTIAL – Transfer account assets to Sub Plan 3257 or 3258, if option C through G are selected.**

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*: To receive payments from Prudential in a Systematic Withdrawal method indicated on Attachment 1.

F. ☐ *Annuity Payment*:To receive monthly guaranteed payments from Prudential in an Annuity method as indicated by Attachment 1.

G. ☐ *City Matched Payment*: To have my eligible funds matched by City Funds (50%) and to receive monthly payments by the method as indicated by Attachment 1.

EXPRESS MAIL (CHECK BOX IF APPLICABLE)

☐ **I wish to have my disbursement check sent by express mail. Therefore, please deduct $10.50 from my account prior to the distribution. Please Note: Express mail is *not* available for annuities or systematic disbursements.**

Complete the following only if you elect a Joint & Survivor Annuity OR if you are a beneficiary requesting distribution.
Beneficiary Name (Please Print)
First _____ Middle Initial _____ Last _____

Relationship _____ Date of Birth _____ Sex M F Social Security Number _____

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.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The preceding statement applies only when this transaction involves an insurance product. Please contact Prudential at the toll-free number on this form if you need information on whether Prudential insurance products (annuities, life insurance) are offered by your plan.

Signature of Employee: _____ Date: _____

The above information is certified as correct:

By: _____ Date: _____
(Authorized Representative of the City of Tallahassee)