

TUSCALOOSA POLICE OFFICERS AND FIREFIGHTERS RETIREMENT PLAN

**Distribution of Pension Contributions
Due to Separation of Employment**

(This form must be completed and returned to the City of Tuscaloosa Human Resource Department prior to receiving your distribution.)

Please type or print

Member's Name:

Last: _____ First: _____ Middle: _____

D.O.B. _____ Sex: M ___ F ___ SSN: _____

Termination Date: _____ Department: Police ___ Fire ___

I elect to have my contributions distributed to me in the following manner:

I elect to receive _____ (dollar amount or percentage) of my contributions, less 20% Federal Income Tax withholding on any amount not previously taxed.

You must choose one: Pick up check in Accounting Mail check

If you selected to mail the check, list address:

Address: _____

Street Address or P.O. Box

City

State

Zip

OR

I elect to have _____ (dollar amount or percentage) of my contributions transferred directly to the trustee named below.

If you selected to transfer the funds, list Trustee Information:

Trustee: _____ Account Number: _____

Address: _____

Street Address or P.O. Box

City

State

Zip

Phone Number: _____ Contact Person: _____

I understand that all of my refundable contributions, whether transferred or paid directly to me, will be distributed on the same date as soon as practical after I have terminated my employment and submitted this form to the City of Tuscaloosa Human Resource Department. Further, I understand that if I do not return this form within 30 days after my termination date, the Pension Board will issue a check for the total amount of my refund, less any required Federal Income Tax withholding, and mail it to my last known address.

Member's Signature: _____ Date: _____

Witness: _____ Date: _____

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**Distribution of Pension Contributions
Due to Separation of Employment**

Payroll Use Only

STEP 1: To be completed by Payroll

Member's Name:

Last: _____ First: _____ Middle: _____

Member Employee #: _____ Termination Date: _____

Date of Final Paycheck: _____

Amount of Refund: _____

Information Provided By: _____
Signature Date

Copy sent to Human Resources to place on board agenda: _____
Date

STEP 2: To be completed by Treasurer of the Board

Date of Board Approval: _____

Notification of Approval Provided to Payroll by:

Signature Date