

City of Hollywood Police Officers' Retirement System

2024 SUPPLEMENTAL DISTRIBUTION ELECTION FORM

(payable on or about 04-01-2025)

**PLEASE PRINT NAME HERE:

I. Pleas	se select option A	.BorCbelow:	
A.	PAY ME: The any applicable election form.	System is directed to make withholding described in the	full payment to me, the member, less Special Tax Notice received with this
		XXX-XX	
Signature of	Member	Soc. Sec. No.	Date
В.	DIRECT ROL	LOVER: The System is dire	ected to mail \$ of my(Name of Trustee or Plan) for
	deposit in accor	rdance with the rollover prov	isions.
	deposit in accor	rdance with the rollover prov	isions.
Signature of C.	Member PARTIAL RO supplemental of described in to	xxx-xx Soc. Sec. No. DLLOVER: The System is listribution to me, the mem he Special Tax Notice rec	Date directed to mail \$ of my ber, less any applicable withholding eived with this election form, and
C	Member PARTIAL RO supplemental of described in to	xxx-xx Soc. Sec. No. DLLOVER: The System is listribution to me, the mem he Special Tax Notice recy distribution to socit in accordance with the recordance with the r	Date directed to mail \$ of my ber, less any applicable withholding
C.	Member PARTIAL RO supplemental of described in to	xxx-xx Soc. Sec. No. DLLOVER: The System is listribution to me, the mem he Special Tax Notice rec	Date directed to mail \$ of my ber, less any applicable withholding eived with this election form, and
C. Signature of	Member PARTIAL RO supplemental of described in to the supplemental of mor Plan) for deport with sign acknowledges of Receiption of Receiption acknowledges.	xxx-xx Soc. Sec. No. PLLOVER: The System is listribution to me, the mem he Special Tax Notice recy distribution to Doosit in accordance with the recycle and the special Tax Notice recycle and the special test of the special t	Date directed to mail \$ of my ber, less any applicable withholding eived with this election form, and (Name of Trustee ollover provisions. Date

AGREEMENT OF RECEIVING TRUSTEE OR PLAN

Note to Member: This page is to be completed by the authoriz ed representative of the receiving Plan or IRA, only if option B or C was selected on page one.

In accordance with the authorization on page one; we agree to deposit the forthcoming rollover amount from the *City of Hollywood Police Officers' Retirement System* into the following plan or account:

Type	of Plan or Acco	ount receiving rollove	r (check one):				
*	401(a)	[401(k), profit-shari other "eligible emplo	ng plan, defined oyer plan"]	d benef	it plan, mon	ey pu	rchase plan,
	403(a)	[annuity plan]					
	403(b)	[tax-sheltered annui	ty]				
	457(b)	[eligible deferred employer]	compensation	plan	maintained	by	government
	408(a)	[Traditional IRA (n Savings Account)]	ot Roth IRA, S	imple l	RA or a Co	verde	ll Education
*	to accept such rol	s after-tax contributions to a lovers and agrees to separat nployee contributions and ea	tely account for such t	amounts			
Print	Name and Title	sentative	Authorized Representative Signature				
Plan l	Name and Acco	unt Number					
Maili	ng Address						
City		State		Zip C	ode		
Retu	rn to:						
Holly	wwood Police (Officers' Retirement	System 4205 H	ollywo	od Blvd., Su	ite 4,	Hollywood,

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Florida 33021

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.