

AGREEMENT OF RECEIVING TRUSTEE OR PLAN

Note to Member: This page is to be completed by the authorized 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 Account receiving rollover (check one):

- * 401(a) [401(k), profit-sharing plan, defined benefit plan, money purchase plan, other "eligible employer plan"]
- 403(a) [annuity plan]
- 403(b) [tax-sheltered annuity]
- 457(b) [eligible deferred compensation plan maintained by government employer]
- 408(a) [Traditional IRA (not Roth IRA, Simple IRA or a Coverdell Education Savings Account)]

* *If rollover includes after-tax contributions to a 401(a) eligible employer plan, the receiving 401(a) plan hereby agrees to accept such rollovers and agrees to separately account for such amounts rolled over including separate accounting for the after-tax employee contributions and earnings on these contributions.*

Print Name and Title of Authorized Representative

Authorized Representative Signature

Plan Name and Account Number

Mailing Address

City

State

Zip Code

Return to:

Hollywood Police Officers' Retirement System 4205 Hollywood Blvd., Suite 4, Hollywood, Florida 33021

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

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.