

**Application for Pension Benefits and Request for Distribution
Maple Grove Firefighters Relief Association**

Complete, sign and return this form for all distributions at least 15 days prior to quarter-end.

Return to: Maple Grove Firefighters Relief Association
Attention Secretary
PO Box 1174
Maple Grove, Minnesota 55311

Today's Date: _____

SS#: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Birthdate: _____

I have received and reviewed the information entitled **Special Tax Notice Regarding Plan Payments.** _____
Initial here

Length of Service: Maple Grove Fire Department _____ Relief Association _____

Date of Retirement: _____ Fire Chief Approval: _____

Distribution Instructions (choose one):

- A single **lump sum distribution** payable to you. (May have tax and penalty consequences. See *Special Tax Notice*.)
- Lump sum distribution** by the Association to a recognized insurance carrier licensed to do business in this state and approved for this product by the Commerce Commissioner under Minnesota Statute 60A.40.
- Direct Rollover** to a qualified account* pursuant to Article XIV, Section 2 of the Association by-laws. Please make check payable on my behalf as a direct rollover to:

Name of Custodian/BrokerDealer: _____

Address: _____

Reference account: _____

PLEASE READ: I understand that the benefit amount represents the current value of my account as of the quarter-end statement date. I understand this qualifies as my eligible rollover distribution and that there will be no 20% mandatory Federal Income Tax withholding from this amount because it is a direct rollover to an eligible IRA as defined under Section 402(c)(8)(B) of the Internal Revenue code. I understand that I will receive a 1099-R form on my Plan distribution.

I understand that my Application for Benefits will be processed according to my distribution instructions as noted above.

Signature of Plan Participant Date

Signature of Plan Administrator Date

First Payment: \$ _____	Check # _____	Date Paid: _____
Second payment (if any): \$ _____	heck # _____	Date Paid: _____
Third payment (if any): \$ _____	Check # _____	Date Paid: _____
Supplemental Pension: \$ _____	Check # _____	Date Paid: _____