



APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS (PLUS INTEREST)

Please read carefully and complete both sides of this Application

You must complete this Application (front & back) to receive a refund/transfer of your contributions plus interest. **A refund/rollover check will be mailed approximately sixty (60) to ninety (90) days from your separation date.**

I, _____, hereby certify that I ceased to be an employee with the
 (Please Print Name)
 City of Fort Worth _____ Department on _____ 20__.

I hereby make application for withdrawal of my contributions (plus interest) from the Employees' Retirement Fund of the City of Fort Worth aka the Fort Worth Employees' Retirement Fund aka the Fort Worth Employees' Retirement Fund (hereinafter "the Fund"). I HEREBY ACKNOWLEDGE MY IRREVOCABLE ACCEPTANCE OF THIS SETTLEMENT OF MY INTEREST IN THE EMPLOYEES' RETIREMENT FUND AND ACCEPT, FOR MYSELF, MY BENEFICIARIES, HEIRS AND ASSIGNS, MY ESTATE AND REPRESENTATIVES THEREOF, THE BENEFITS AS SET FORTH BELOW IN FULL SETTLEMENT OF MY RIGHTS THERE UNDER AND OF ANY OBLIGATION OF THE FUND ON ACCOUNT OF MY EMPLOYMENT WITH THE CITY OF FORT WORTH. FOR THE CONSIDERATION OF THE FUNDS DESCRIBED HEREIN AND OTHER GOOD AND VALUABLE CONSIDERATION STATED, I HEREBY COMPROMISE, SETTLE, FULLY RELEASE, QUIT CLAIM, ASSIGN, GIVE UP, ACQUIT, REMIT, AND FURTHER DISCHARGE THE FUND FROM ANY AND ALL MANNER OF CLAIMS WHICH THE I NOW HAVE OR IN THE FUTURE MAY HAVE FOR ANY KIND OR CHARACTER OF DAMAGE, INJURY, HARM, FINANCIAL LOSS OR OTHER LOSS OR DAMAGE WHATSOEVER AGAINST THE FUND.

FOR OFFICE USE ONLY	
Term Date:	_____
Hire Date:	_____
Department No.	_____
Employee No.	_____
CYTD Pre-Tax Contribution	_____
Prior LTD Pre-Tax Contribution	_____
Prior LTD Post-Tax Contribution	_____
Interest (Current & Prior)	_____
Sub- Total	_____
Taxable Contributions	_____
Total Refund to Employee	_____
Total Rollover Amount	_____

 (HOME TELEPHONE NUMBER)

 (WORK OR ALTERNATE TELEPHONE NUMBER)

 (SOCIAL SECURITY NUMBER)

 (SIGNATURE)

 (STREET ADDRESS)

 (CITY) (STATE) (ZIP CODE)

**NOTICE REGARDING WITHHOLDING OF FEDERAL INCOME TAX
AND OPTION TO TRANSFER INTEREST AND PRE-TAX CONTRIBUTIONS**

Federal law requires that the distribution of interest and pre-tax contributions that you receive from the Fort Worth Employees' Retirement Fund (the "Fund") be subject to federal income tax withholding, unless you elect to transfer the interest and pre-tax contributions to another qualified plan, qualified annuity plan, individual retirement account ("IRA"), or individual retirement annuity (other than an endowment contract). Withholding will only apply to the interest portion and pre-tax contribution of the distribution you receive. If you do not elect to transfer the interest portion and pre-tax contribution, federal law requires the Fund to withhold 20% of such amount. There will be no withholding on the return of the non-deductible (post-tax) contributions you made to the Fund. If the amount of federal income tax withheld is insufficient, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and any estimated tax you pay are not sufficient. For this purpose, you may wish to consult with your tax advisor.

WITHDRAWAL SELECTION:

I elect to rollover _____% (whole percentage from 1% to 100%) of the **TAXABLE** interest portion and pre-tax contributions of my distribution to the following qualified plan, qualified annuity plan, IRA, or individual retirement annuity (other than an endowment contract) established for me with the following institution:

_____,
with any remainder distributed to me. I understand that this election will be subject to the following guidelines.

- **I must furnish the Retirement Fund with a Letter of Acceptance with rollover instructions where transfer is to be made;** that is, or is intended to be an individual retirement annuity, IRA, a qualified plan described in section 401(a) of the Internal Revenue Code of 1986, or a qualified annuity plan described in section 403(a) of the Internal Revenue Code of 1986, as applicable, **and that it will accept the transfer.**

I elect to receive a refund of my contributions from the Employees' Retirement Fund.

I hereby acknowledge that I am aware the refund/rollover request will be processed in approximately sixty (60) to ninety (90) days from my separation date.

SIGNATURE

DATE

**RETURN THIS FORM TO: FORT WORTH EMPLOYEES' RETIREMENT FUND
3801 HULEN STREET, SUITE 101
FORT WORTH, TX 76107
(817) 632-8900**

Faxed applications will not be accepted

Please note: This form to be used by separated full-time employees for refund of interest and contributions to the retirement fund.