



APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS (PLUS INTEREST) FORM INSTRUCTIONS

You must complete this Application (front and back) to receive a refund/transfer of your contributions plus interest. A refund/rollover check will be processed sixty (60) to ninety (90) days after notice of termination has been received from the City of Fort Worth, assuming this application has been timely received. A check will be mailed to the address supplied unless direct deposit was elected.

Please read carefully, complete (front and back) and sign this application.

I certify that I ceased to be an employee with the City of Fort Worth on _____ 20____.
I am making 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 ("the Fund"). I ACKNOWLEDGE MY IRREVOCABLE ACCEPTANCE OF THIS SETTLEMENT OF MY INTEREST IN THE 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 MONIES 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 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.

MEMBER INFORMATION

Last First Middle

Date of Birth Employee ID

Physical Address

City State Zip Code

Email Address Phone Number

RETURN FORM, SIGNED AND DATED TO:

FORT WORTH EMPLOYEES' RETIREMENT FUND

3801 HULEN STREET, SUITE 101

FORT WORTH, TX 76107

Phone: (817) 632-8900

YOU MUST SUBMIT A VALID DRIVERS LICENSE OR STATE ID WITH YOUR APPLICATION

SIGNATURE

Applicant's Signature

Date

Name

Employee ID

Date

NOTICE REGARDING FEDERAL TAX WITHHOLDING AND OPTION TO TRANSFER FUNDS

Federal law requires that the distribution of interest and pre-tax contributions that you receive from 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, eligible 457(b) 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 _____% of the TAXABLE interest portion and pre-tax contributions of my distribution to the following qualified plan, qualified annuity plan, eligible 457(b) plan, IRA, or individual retirement annuity (other than an endowment contract) established for me with the following institution:

_____ with any remainder distributed directly to me.

I understand that in order to process this distribution, I must furnish the Fund with a Letter of Acceptance from the rollover institution. Such letter must confirm that the institution (1) is, or is intended to be an individual retirement annuity, IRA, a qualified plan as described in section 401(a) of the Internal Revenue Code of 1986, a 457(b) plan sponsored by a government employer or a qualified annuity plan as described in section 403(a) of the Internal Revenue Code of 1986, as applicable; (2) will accept the transfer; and (3) provide a mailing address where the check should be sent. The non-taxable portion will be paid directly to you.

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

ELECTRONIC DEPOSIT AUTHORIZATION

If no voided check or bank representative signature is provided, a check will be issued via USPS regular mail to the address provided. To avoid delays in receipt of your refund of contributions, we suggest election of electronic deposit.

Bank Name _____

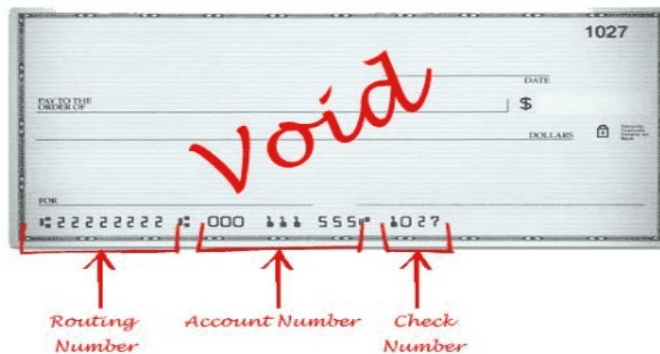
Bank Address _____

City _____

State _____

Zip Code _____

*****In order for your refund of contributions to be direct deposited into your account, you must provide a voided check and/or deposit slip. If unavailable, you may have a bank representative complete the bottom portion of this section.*****



Account Type: Checking Savings Routing Number: _____

Account Number: _____

Signature of Bank Representative (required if a voided check is not provided) _____

Date _____

Printed Name _____

Phone # _____