## [HFRRF]

## **Post Retirement Option Plan** (PROP) **Distribution Election Form**

## For HFRRF Use Only:

| Date Received     | By |
|-------------------|----|
| Date Entered      | By |
| Date Verified     | By |
| Control Number    |    |
| Distribution Code |    |

|  |  | By  |  |
|--|--|---|--|
|  | Control Number   | by  |  |
|  | Distribution Code  | <del></del>   |  |
| I understand that my distribution options with respect to my payments in accordance with Section 5A(d) of the Texas Civi change, or modify my Distribution Form, subject in all cases Retirement Fund ("HFRRF") policies relating to Section 5A o and delivering the original to the Fund's administrative staff. QDRO that is applicable to me, but only to the extent that the an Alternate Payee. I have read and understand the Special Ta PROP account balance distributed to me in the following mann  | PROP Account are limited to: (i) a sing I Statutes article 6243e.2(1) ("the HFRRF S to the terms of Section 5A of the Statute a f the Statute, at any time prior to distribution I understand that a distribution from my QDRO specifically awards a dollar amount x Notice Regarding Plan Payments and I here | Statute"). I understand that I may select, and any Houston Firefighters' Relief and on by executing a new Distribution Form PROP Account could be affected by a or a percentage of my PROP Account to |  |
| Section I Single Lump Sum Payment (distribution of en  | ntire PROP account)  | 7   |  |
| A I elect to have my PROP distribution Paid in a Direct  | Rollover as indicated below in Section III.  | und   |  |
| B I elect to have a portion of my PROP distribution Pai<br>Me. I understand that this may result in adverse tax of<br>mandatory tax withholding of 20 %. (Please withhold  | onsequences, and that the portion of my PRO  |   |  |
| C I elect to have my entire PROP Distribution Paid to distribution will be subject to mandatory tax withholds  |  |   |  |
| Section II Partial Payment(s) (Up to 4 allowed per calendar year)  |  |   |  |
| A I elect to have my entire PROP account balance left in   | n the Fund as described in Section5A(f), 5A  | a(g) and 5A(h) of the Act.  |  |
| B I elect to have a portion of my PROP distribution Paid in a Direct Rollover as indicated below in Section III and the remainder of my PROP account balance left in the Fund as described in Section 5A(d) and 5A(e) of the Act.  |  |   |  |
| C I elect to have a portion of my PROP distribution Paid amount indicated below in Section III, and the remains 5(h) of the Act. I understand that this may result in advantage to mandatory tax withholding of 20%. (Please   | der of my PROP account balance left in the lawerse tax consequences and that the portion of  | Fund as described in Section 5(g) and of my PROP Account paid to me will be   |  |
| D I elect to have a portion of my PROP distribution Pai account balance left in the Fund as described in Section I understand that this may result in adverse tax conseq (I may also withhold an additional % for a total If this distribution is a required minimum distribution understand that the Fund will withhold 10% if no tax of the property of the prop | n 5A(d) of the Act. uences and that my distribution will be subj of%). on, I may elect 0 - 99% withholding. I  | ect to mandatory tax withholding of 20%   |  |
| E. I understand that this is my (enter 1st, 2nd, 3rd, or 4th) PROP distribution this calendar year.  |  |   |  |
| Section III. – Amount and Method of Issue  |  |   |  |
| A. Please issue a check to me for \$ (les  | ss the applicable withholding) and send it to  | my address on file with the Fund  |  |
| B. Please issue \$ to me (less the applicable withholding) and send by Electronic Fund Transfer (ACH) to my account on   |  |   |  |
| file with the Fund.  C. Please issue \$ to me (less the applicable withholding) and send by Electronic Fund Transfer (ACH) to the account listed   |  |   |  |
| below.  NOTE: (A, B, or C of this section) I understand that the amount distributed to me after taxes will be \$ Initial   |  |   |  |
|  | nd send it directly to the Institution listed be   |   |  |
| Name of Institution or Plan Name:  | Attention:   |   |  |
| -  | king [NS] Routing Number:  |   |  |
| Address:   |  |   |  |
| City, State, Zip Code:   |  |   |  |
| I have read and understand Section 5A of the HFRRF S<br>HFRRF Statute.   | tatute and all HFRRF policies relating t   | to or implementing Section 5A of the  |  |
| (Printed) Name & Social Security Number  | Signature  | Date  |  |
| (Identification:, verifie  | ed by:   | )   |  |
| State of §   | County of  | §   |  |
| BEFORE ME, the undersigned, a Notary Public in   |  |   |  |
| known to me to be the person whose name is subscribed to the foregoing instrument, who did swear and/or affirm and acknowledge to me that he/she executed the same for the purposes declared therein.  |  |   |  |
| GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the   | day of   | , 20  |  |
| My Commission expires  | Signature  |   |  |