

## Palm Tran/A.T.U. Local 1577 Pension Plan

### Payment of Estimated Benefits

To help ensure a stream of income while your pension benefit is calculated, the Board of Trustees of the pension Fund has established a process for the payment of estimated benefits. These estimated payments will be made for all retirement benefits, except Disability Retirements.

1. You are eligible for estimated benefit payments on or about the first day of the first month following both your retirement date and the administrator's receipt of a fully completed application, provided that you are determined eligible for retirement.
2. Estimated benefits will be paid based on your most recent annual benefit statement. If you are married, the estimated benefit will be discounted to eighty-five percent (85%) of the benefit on your most recent annual benefit statement to prevent overpayments in the event you select the joint and survivor benefit form.
3. You have ninety (90) days from receipt of the benefit election form to make a selection of a form of benefit. You can request an extension of time to review the benefit options if you request such additional time before the end of the first 90-day period.
4. If you do not return your benefit election form within the required time, your benefit payments will stop until the proper documentation has been received by the Plan. Any missed payments will be repaid to you when the appropriate documentation is signed.
5. On the first day of the first month following the receipt of your completed benefit election form, your estimated benefits will cease and your calculated retirement benefit will begin. The calculated benefit will be adjusted to account for any under or over payments made to you during the estimated benefits period.

RECEIVED AND READ BY: \_\_\_\_\_

*Participant*

**Palm Tran, Inc. Amalgamated Transit Union Local 1577**  
**Application for Retirement or Disability Benefits**

PLEASE PRINT OR TYPE:

1.
  - a. Name of Employee: \_\_\_\_\_  
Last, First, MI.
  - b. Social Security Number: \_\_\_\_\_  
\*In accordance with the provisions of 119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the Fund.
  - c. Date of Birth: \_\_\_\_\_  
\* Attach birth certificate or other proof.
  - d. Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_
  - e. Email Address: \_\_\_\_\_
  - f. Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
  - g. Permanent address (only if different than above)  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
2.
  - a. Date of Hire by Palm Tran: \_\_\_\_\_ Expected Last Day of Service: \_\_\_\_\_
  - b. Dates if Breaks in Service: (please give detail) \_\_\_\_\_  
\_\_\_\_\_
  - c. Expected Retirement Date: \_\_\_\_\_
3.
  - a. Marital Status: \_\_\_\_\_  
If married, please complete the following:
  - b. Spouse's Name: \_\_\_\_\_  
Last, First, MI.
  - c. Spouse's Social Security Number: \_\_\_\_\_  
\*In accordance with the provisions of 119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the Fund.

- d. Spouse's Date of Birth: \_\_\_\_\_  
\*Attach birth certificate or other proof.
- e. Date of Marriage: \_\_\_\_\_  
\*Attach copy of marriage certificate.

**Survivorship Benefits (monthly payment due to a beneficiary upon your death):**

Your Plan allows you to take the full amount of your pension for your life only or a reduced amount that would provide a lifetime survivorship benefit upon your death. If you are married, your spouse must be your joint annuitant, unless your spouse agrees to waive that benefit. The amount of the reduction is based upon the age of your potential joint annuitant, the younger they are, the larger the reduction. Approximately three months after retirement, you will be provided a calculation of many different options and you will make that selection then.

**Non-Spouse Joint Annuitant Optional (only complete if your spouse is waiving their right to a monthly benefit or if you are single and interested in leaving a monthly payment to a non-spouse beneficiary)**

_____	_____
Name	Date of Birth (attach birth certificate or other proof)
_____	_____
Social Security No.	Relationship
_____	_____
Address	Phone Number
_____	_____
City State Zip Code	

**Death Benefit (One-time lump sum death benefit in the amount of \$7,500.00 and any remaining contributions not yet refunded):**

If you are married at death, your death benefit and any remaining contributions must be paid to your spouse unless that spouse has completed a spousal consent form waiving their right to those benefits. If you are married and would like to name a non-spouse primary beneficiary, provide their information below. Your spouse must complete the enclosed Spousal Consent form.

Is your primary beneficiary designation for death benefits the same as Spouse listed above: Yes: \_\_\_\_\_ No: \_\_\_\_\_.  
If no, please provide the contact information of your primary and contingent beneficiary(ies) below.

**Primary Death Beneficiary**

**Contingent Death Beneficiary**

_____	_____
Name	Percentage
_____	_____
Social Security No.	Relationship
_____	_____
Address	
_____	
City State Zip Code	

_____	_____
Name	Percentage
_____	_____
Social Security No.	Relationship
_____	_____
Address	
_____	
City State Zip Code	

Please Note: To name more than one Primary or Contingent Beneficiary for the Death Benefit please use a separate sheet of paper and attach it to this form.

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization, this day of \_\_\_\_\_,  
\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY PUBLIC SEAL:

**PLEASE RETURN TO:**  
Palm Tran Pension Center  
2472 Jett Ferry Road, Suite 400-309  
Atlanta, GA 30338

**Palm Tran, Inc. Amalgamated Transit Union Local 1577  
Spousal Consent Form**

I, \_\_\_\_\_, do hereby swear that the applicant \_\_\_\_\_, a current member of the Palm Tran, Inc., ATU 1577 Pension Plan, is my spouse. I am fully aware that he/she has made an application to retire effective \_\_\_\_\_. I understand that I am entitled to certain benefits upon my spouse's death or retirement. I consent to my spouse's election of a designated beneficiary other than myself.

I am entering into this Spousal Consent Form with full knowledge and understanding of my right as a spouse and I acknowledge that I have freely and voluntarily executed this Spousal Consent form.

Spouse's Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization, this day of \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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IF YOU ARE APPLYING FOR A DISABILITY BENEFIT,  
PLEASE COMPLETELY FILL OUT THIS SECTION.

1. a. Date disability commenced: \_\_\_\_\_
- b. Nature and cause of disability: \_\_\_\_\_  
\_\_\_\_\_
- c. Have you applied for Social Security Disability Benefits due to your present disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
  
Have you been awarded Social Security Disability Benefits?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide your award letter.
- d. Did your disability result from any of the following:  
  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Use of drugs, intoxicants or narcotics?  
  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Due to a fight, riot or civil insurrection?  
  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ While you were committing a crime?  
  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ From an injury or disease sustained while you were serving in any armed forces?  
  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ While working for one other than the Palm Tran, Inc., and arising out of such employment?

**Note:** If you are applying for Disability Benefits, records must be filed, including copies of a doctor's opinion, medical records, and other documentation to show that the disability is total and permanent. In addition, copies of workers' compensation records and other documentation must be filed if the disability occurred while performing service related duties. The Board of Trustees may require you to be examined by a doctor selected by the Board.

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2472 Jett Ferry Road, Suite 400-309  
Atlanta, GA 30338

**Palm Tran, Inc. Amalgamated Transit Union Local 1577**  
**Application for Refund of Pension Contributions For Members With More Than 10**  
**Years of Service and Eligible For Immediate Retirement, Section 4.19 Refund**

PLEASE PRINT OR TYPE:

1. a. Name of Employee: \_\_\_\_\_  
Last, First, MI.
- b. Social Security No. \_\_\_\_\_  
 \*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension Fund.
- c. Date of Birth: \_\_\_\_\_
- d. Daytime Telephone No.: \_\_\_\_\_
- e. Home Address: \_\_\_\_\_  
Address Street
- \_\_\_\_\_
- City State Zip Code
- f. Permanent address (only if Home Address is temporary)
- \_\_\_\_\_
- Address Street
- \_\_\_\_\_
- City State Zip Code
2. a. Date of Hire by Palm Tran: \_\_\_\_\_
- b. Last day worked or expected to work: \_\_\_\_\_

**Payment Options:** *This is an after-tax (non-taxable) distribution. You may rollover this amount to a Roth IRA or you may have it paid to you as an "Immediate Cash Distribution" with no taxes withheld and no taxes due. If choosing a cash distribution, choose to either have the check mailed to your permanent address or direct deposited into your bank account.*

- Immediate Cash Distribution:** (choose a check or direct deposit)
- \_\_\_\_\_ Please mail a check to my permanent address.
- \_\_\_\_\_ Please deposit into my bank account per enclosed direct deposit form.
- Direct Rollover to Roth IRA:**
- \_\_\_\_\_
- Name of Institution
- \_\_\_\_\_
- Address Line 1 (Check will be mailed directly here)
- \_\_\_\_\_
- Address Line 2 of Institution
- \_\_\_\_\_
- Account Number

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

This application revokes any prior application.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization, this day of \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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2472 Jett Ferry Road, Suite 400-309  
Atlanta, GA 30338



**Palm Tran, Inc. Amalgamated Transit Union Local 1577**  
**Retiree Insurance Deduction Authorization**

I, \_\_\_\_\_, \*Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_, hereby authorize Palm Tran Pension Center to deduct \$\_\_\_\_\_ from my pension check each month and forward my deduction to Palm Tran as payment for my health, dental, and or life insurance premiums.

I understand that this deduction will be made out of my first pension benefit payment. If for some reason the deduction was not able to be made from my first pension benefit payment, I will be responsible for paying the first month's premium directly to Palm Tran.

**Any subsequent changes to benefits that I choose to make must be made by the 10<sup>th</sup> of the month preceding the change in writing to Palm Tran HR.**

I understand that any subsequent increases or decreases in costs related to the coverage that I have elected may be made automatically by Palm Tran notifying the Palm Tran Pension Center, and such adjustments will thereafter be deducted from my pension check each month.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN TO:**

Palm Tran Pension Center  
2472 Jett Ferry Road, Suite 400-309  
Atlanta, GA 30338

**This form does not enroll you in retiree medical, dental, or life insurance. In order to enroll, you must complete enrollment forms with Human Resources.**

\*In accordance with the provisions of 119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the fund.



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

RECIPIENT'S NAME: \_\_\_\_\_

RECIPIENT'S PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLAN NAME (City retired from): Palm Tran ATU Local 1577 Pension Fund – 3040002751

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I hereby authorize SALEM TRUST COMPANY to initiate credit and debit entries or adjustments (if necessary for any credit entries made in error) to my checking or savings account as indicated below. SALEM TRUST COMPANY is only permitted to withdraw money from my account if an overpayment has been deposited into that account. Prior to making any deductions, SALEM TRUST COMPANY is required to notify me and the Board of Trustees of the above-referenced plan of the overpayment.

ACCOUNT INFORMATION (Check one)

\_\_\_\_\_ CHECKING (Attach voided check; deposit slips are not accepted)

\_\_\_\_\_ SAVINGS (Attach voided deposit slip; you may need to check with your bank for the routing number)

\_\_\_\_\_ MONEY MARKET CHECKING (Attach voided check; check with your bank, most money markets are checking accounts, some are considered savings accounts)

\_\_\_\_\_ MONEY MARKET SAVINGS (Attach voided deposit slip; check with your bank, most money markets are checking accounts, some are considered savings accounts)

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FINANCIAL INSTITUTION INFORMATION

ROUTING OR ABA NUMBER (first 9 digits): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

PHONE NUMBER (Including area code): \_\_\_\_\_

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This authorization is to remain in full force and effect until SALEM TRUST COMPANY has received notification from me of its termination, in such a manner as to afford SALEM TRUST COMPANY and my financial institution a reasonable opportunity to act upon my request. I hereby agree to hold SALEM TRUST COMPANY harmless from any loss resulting from following the above instructions.

If any payments are deposited to my account which I am not entitled to receive under said Plan, by reason of death prior to the date when such payments became due, then for myself, my heirs, executors and assigns, I agree to repay and refund the amount of any such overpayments. I hereby authorize and direct the financial institution named above to refund the amount of such overpayments to SALEM TRUST COMPANY and debit the amount from my account.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Withholding Certificate for  
 Pension or Annuity Payments**

**2020**

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

**General Instructions**

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

**Withholding From Pensions and Annuities**

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for  
 Pension or Annuity Payments**

**2020**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

**Complete the following applicable lines.**

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ►   
**Marital status:**  Single  Married  Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$

Your signature ►

Date ►

**REQUEST FOR CONFIDENTIALITY**

To: Palm Tran ATU Local 1577 Pension Fund

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name and Address of Employee or Retiree)

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to Florida Statute §119.071(4)(d)1 and 8, I hereby request the Palm Tran ATU Local 1577 Pension Fund to maintain the confidentiality of all of my personal information which is protected by that statute, including but not limited to my home address, telephone number and photograph as well as those of my spouse and my children.

\_\_\_\_\_  
Signature

PLEASE RETURN TO:  
  
PALM TRAN PENSION CENTER  
2472 JETT FERRY ROAD  
SUITE 400-309  
ATLANTA, GA 30338