

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

**APPLICATION FOR REFUND OF PENSION FROM POLICE PENSION FUND
OF DES PLAINES, ILLINOIS**

**ELECTION REGARDING PLAN PAYMENTS
CONTRIBUTION REFUND**

Note: This form must be completed by all officers seeking a refund. The amounts on lines 1, 2 and 3, and the "**Special Notice Regarding Plan Payments - Contribution Refunds**" must be obtained from the Board before completing this form.

Name:

Address:

Social Security
Number:

- 1. Total Contributions: \$ _____
- 2. Pretax Portion: \$ _____
- 3. After-tax Portion: \$ _____

I have received from the pension board the "**Special Notice Regarding Plan Payments - Contribution Refunds**" and have elected the following method of refund:

* Paid to myself - and I understand Federal Income Tax Withholding in the amount of \$ _____, 20 percent of the pretax portion, will be withheld from my distribution.

* Paid in a Direct Rollover - distribution should be made to:

Trustee: _____

Address: _____

Signature of Police Officer

Date: _____, _____