401(a) Defined Contribution
Request to Move Unvested Accounts to Forfeiture

Member/Plan Name: _____
Plan Number: _____

SSN	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	HIRE DATE	TERMINATION DATE	VESTING PERCENTAGE

REQUESTED ACTION:
The participant (s) listed above is no longer employed with the member listed above. Please move the unvested portion of the participant's account to the plan's forfeiture account. I approve the transfer requested by this form.

_____ _____ _____
Authorized Signature on behalf of the Employer **Name and Title (print full name)** **Date**

SUBMITTING THIS FORM: You must submit this form to the FMPTF for the Plan Administrator to complete the next section

Please submit completed forms to:
Florida Municipal Pension Trust Fund
P.O. Box 1757
Tallahassee, FL 32302

Plan Administrator's Instruction and Approval

Florida League of Cities, Inc. _____ _____
Name of Plan Administrator Organization Date

_____ _____
Authorized Signature of Plan Administrator Name and Title (print full name)

Processed By: _____ Date_____