



**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 \_\_\_\_\_