



## DEFERRED RETIREMENT OPTION PROGRAM (DROP) ACCOUNT DISTRIBUTION ELECTION

*please type or print in ink*

### PART A: MEMBER INFORMATION

Name: _____	Address: _____
SSN: _____	
Birth Date: _____	

### PART B: ACCOUNT DISBURSEMENT ELECTION

DROP Exit Date \_\_\_\_\_

- I elect to receive payment of the DROP benefits in a lump sum, less all applicable federal and state withholding taxes.
- I elect to receive payment of the DROP benefits via direct rollover, paid directly from the DROP to the custodian of an eligible retirement plan as defined in section 401(a), 401(k), 403(b) or 457 of the Internal Revenue Service Code, a traditional individual retirement account (IRA) or an individual retirement annuity. (NOTE: Rollover instructions must be provided from the qualified plan.)

**I ACKNOWLEDGE THAT I AM AWARE OF THE TAX CONSEQUENCES OF MY ELECTION, AND THAT THIS ELECTION IS IRREVOCABLE AND CANNOT BE CHANGED.**

Member/Designated Beneficiary Signature	Date
Member/Designated Beneficiary Printed	

### PART C: NOTARY PUBLIC

State of \_\_\_\_\_ City/County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_ (name of person seeking acknowledgment)

Notary Signature \_\_\_\_\_

Notary Registration Number \_\_\_\_\_

My Commission Expires \_\_\_\_\_

### RRS USE ONLY

<input type="checkbox"/> ID Verified	<input type="checkbox"/> Rollover Instructions Received (if applicable)		
Check Number: _____	Check Amount: _____	Check Date: _____	
Prepared by: _____	Date: _____	Reviewed by: _____	Date: _____