



DEFERRED RETIREMENT OPTION PROGRAM (DROP) DISTRIBUTION PAYMENT SELECTION

PART A. GENERAL INFORMATION (PLEASE PRINT)

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Mailing Address		_____ Apt #
_____ City	_____ State	_____ Zip
_____ (Area Code) Home Telephone	_____ (Area Code) Alt. Telephone	
_____ Social Security Number	_____ Date of Birth (Month/Day/Year)	_____ Employee ID

For Office Use Only:

Year: _____ Election: Initial 1st 2nd - Final

PART B. ELECTION OF PAYMENT OPTION

Each of the following elections will have various tax consequences depending on your particular situation. Please seek qualified tax advice before making your selection.

You are allowed to make changes to periodic payments at any time; however, request for partial distributions are limited to two requests per calendar year.

While your DROP balance is in the Fund, it shall gain or lose net monthly earnings at the same rate as the Retirement Fund's investment portfolio. No final payments will be made until all monthly investment returns have been allocated and posted to your DROP account. Periodic payments are not guaranteed for life and are made for as long as there is money in your DROP account.

CHECK ONLY ONE – Then sign and date the bottom of the form

- Defer Payment(s)**
from your account until ____/____/____ (date). The date chosen above can be any time after you terminate service, but no later than April 1st of the year following the calendar year in which you attain age 70 ½.
- Lump Sum**
A distribution of your entire account balance. Choose one of the following options:
 (1) You elect to have \$_____ of this lump sum paid directly to you.

(2) You elect to have \$ _____ of this lump sum paid as a direct rollover to a Qualified Plan or your 457 Deferred Compensation Plan.

Plan Name _____
(Please provide the Fund with rollover instructions.)

3. **Periodic payments designating an amount**

Monthly payments of \$ _____ until the balance of your DROP account has been entirely distributed to you.

4. **Periodic payments for a designated period of time**

Monthly payments continuing for a period of _____ years. The Employees' Retirement Fund will calculate the dollar amount of your periodic payment, so that the entire balance in your DROP account will have been distributed to you by the end of the period selected.
This amount may be recalculated annually.

5. **Systematic payment/life expectancy distribution**

The Employees' Retirement Fund will calculate the dollar amount of your periodic payment based on your current DROP balance. The minimum distribution is based on your life expectancy (and the life expectancy of your designated beneficiary, if applicable).

6. **Defined Benefit Annuity**

Convert your lump sum of \$ _____ into an additional defined benefit annuity. The additional benefit will be added to your regular pension benefit, payable for life.

7. **Combination of Lump Sum and Periodic Payments**

The total of the options elected may not exceed the balance of your DROP account

(1) You elect to have a lump sum of \$ _____ Gross Net paid directly to you.

(2) You elect to have \$ _____ paid as a direct rollover to a Qualified Plan or your 457 Deferred Compensation Plan.

Plan Name _____
(Please provide the Fund with rollover instructions.)

(3) You elect to annuitize \$ _____ of this lump sum into an additional defined benefit annuity. The additional benefit will be added to your regular pension benefit, payable for life.

(4) monthly payments of \$ _____ OR monthly payments for a period of _____ years, until the balance of your DROP account has been entirely distributed to you. Payments to commence on _____(month) / _____(year).

(5) Defer the remaining balance until _____(month) / _____(year).

It is your responsibility to contact the Retirement Fund by the commencement date to provide payee directions for any payment other than a direct pay of this lump sum. You further acknowledge you understand that DROP account information is available via the Member Portal and that the Fund does not send quarterly or annual benefit statements to retired members.

Member's Full Legal Signature

Date