

**Notice of Election to Participate in the
DEFERRED RETIREMENT OPTION PROGRAM "DROP"**

City of Satellite Beach Firefighters' & Police Officers' Retirement Plan

Name: _____	Social Sec. #: _____
Address: _____ _____	
Date of Birth: ____/____/____	Date of Hire: ____/____/____

Resignation from Employment and Participation in the DROP:

I elect to participate in the DROP in accordance with Retirement Plan and Trust for the City of Satellite Beach Firefighters' & Police Officers' Retirement Plan, and resign my employment on the day I terminate from the DROP. I understand that the earliest date my participation in the DROP can begin is the first date I reach my normal retirement date as determined by the plan and my DROP participation cannot exceed a maximum of 60 months from the date I elect to participate in the DROP, although **I may elect to participate in the DROP for less than 60 months, but must participate for a minimum of 12 months.** I also understand that I have up to 60 months after normal retirement date to elect to participate in the DROP. I understand that my participation in the DROP does not guarantee my employment for the DROP period.

DROP begin date ____/01/____ DROP Termination and Resignation Date _____
(Not to exceed 60 months from DROP begin date)

Participant Signature (sign in the presence of a Notary) _____

Notary: State of Florida, County of _____. Sworn to and subscribed before me
this ____ day of _____, ____ by _____
Personally known _____ or produced _____ identification.
(Type of Identification)

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Employer Signature _____ **Date** _____

Print Employer Name and Title: _____

This form must be submitted with the participant's requested benefit payout option.