



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

**City of Satellite Beach General Employees 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 General Employees 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/\_\_\_\_ DROPTermination 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.**