



ELECTION FORM FOR DISTRIBUTION OF ACCUMULATED DROP BENEFITS

I, _____, GE # _____ make the following selection for distribution of my accumulated DROP benefits (check only one option): I understand that my accumulated DROP benefits cannot be rolled over to a SIMPLE IRA or Coverdell Education Savings Account.

____ 1. Rollover the balance to (check one): Traditional IRA , Roth IRA , Eligible employer plan , or Governmental 457 plan

Name of Company: _____ FMPTF - 457 Deferred Comp Retirement Plan
Make Check Payable to: _____ Newport Trust Company FBO
Street Address or P.O. Box: _____ PO Box 1757
City, State and Zip Code: _____ Tallahassee, FL 32302
Account Number: _____ FL0423B

For Division A only: Roll over non-taxable contributions: Yes, distribute it to the account above
 No, issue a check payable to me or Direct Deposit

____ 2. A full and single lump sum distribution (for Bank Deposit)
Financial Institution: _____
Street Address or P.O. Box: _____
City, State and Zip Code: _____
ACH Routing Number: _____ Account Number: _____

____ 3. Partial rollover to the IRA, eligible employer plan, or governmental plan listed on option 1 above (\$ _____); and partial lump sum distribution (\$ _____) to account listed on option 2 above.

I understand that, if I make no selection, then the balance in my DROP account will be paid to me in full and single lump sum distribution. I further understand that I should consult with a professional tax advisor before making my election.

I understand that the distribution of my accumulated DROP benefit may be subject to penalties, income tax withholding, or other withholding or liabilities as required by law. I understand that, if I should die before my accumulated DROP benefit is paid out in full, any remaining accumulated DROP benefit shall be paid in accordance with my latest designation of beneficiary form for accumulated DROP benefits, shall be paid out in accordance with the provisions of Chapter 23559, Laws of Florida of 1945, as amended (the "Retirement Plan"), and other applicable law. I understand that at no time will an election form for distribution of accumulated DROP benefits be applied to any benefit other than DROP accruals.

Date _____ Signature _____
Last 4 digits of Social Security # _____