



Florida Municipal Pension Trust Fund

Mailing address:

ATTN: Retirement Services

P.O. Box 1757

Tallahassee, FL 32302-1757

Telephone: Toll free (888) 945-7401

Fax: 850-222-380

Email: FMPTF@flicities.com

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

This application must be signed in all areas where Signature is requested or it will be returned to you
A Retirement Application must also be completed and submitted with your DROP Application.

Employer Name: _____

Name: _____ ***Social Security #:** _____

Address: _____ **City:** _____ **State** ____ **Zip** _____

Email address where your quarterly statement should be sent: _____

Resignation from Employment and Participation in the DROP:

I elect to participate in the DROP in accordance with the Plan Document adopted by the Retirement Plan and Trust for my Employer 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 _____ months as set by my Plan, although I may elect to participate in the DROP for less than that time period. I understand that my participation in the DROP does not guarantee my employment for the DROP period.

DROP entry date (must be the 1st of the month): _____ **DROP Termination and Resignation Date:** _____

DROP Account Beneficiary Form

In the event of my death prior to the conclusion of my participation in the DROP, I hereby designate the following Beneficiary(ies) to receive my DROP account balance

Primary Beneficiary(ies): _____ **Social Security #:** _____

Relationship: _____ **Date of Birth:** _____

Address: _____ **City/State/Zip:** _____

Benefit percentage: _____

If more than one primary beneficiary is designated, provide all information for each beneficiary and percentage of benefit, which must equal 100%.



Florida Municipal Pension Trust Fund

Mailing address:

ATTN: Retirement Services

P.O. Box 1757

Tallahassee, FL 32302-1757

Telephone: Toll free (888) 945-7401

Fax: 850-222-380

Email: FMPTF@flicities.com

Contingent Beneficiary(ies): _____ **Social Security #:** _____

Relationship: _____ **Date of Birth:** _____

Address: _____ **City/State/Zip:** _____

Benefit percentage: _____

If more than one contingent beneficiary is designated, provide all information for each beneficiary and percentage of benefit, which must equal 100%. The designation of a beneficiary is applicable under this plan benefit only if the primary beneficiary designated above is not living at the time of the participant's death.

If no primary or contingent beneficiary is living at the time of death of the participant, the participant's DROP benefits will be distributed to the participants' estate.

The right to revoke this designation of beneficiary by the participant is reserved by signing and filing with the Employer a new beneficiary designation form. The consent of a participant's beneficiary to any change of beneficiary shall not be required.

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.

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Employer Signature _____ **Date** _____

Print Employer Name and Title _____

*Social Security numbers are requested and maintained on behalf of all plan participants, beneficiaries and retirees for data collection, reconciliation, tracking, benefit processing, tax reporting, and identity verification purposes. Social Security numbers are also used as a unique numeric identifier and may be used for death record searches for retirees.