

FLORIDA RETIREMENT SYSTEM PENSION PLAN
Deferred Retirement Option Program (DROP)
Selected Payout Method



PO BOX 3090 Tallahassee, FL 32315-3090
 Local Phone: (850) 487-4856 Toll Free: (877) 738-3767 FAX: (850) 410-2199

MEMBER NAME: _____

MEMBER SSN: _____

PAYEE NAME: _____

PAYEE SSN: _____

This form serves as an affirmation of your selected payout method for your DROP accumulation as provided in § 121.091, Florida Statutes. The payout method may have serious tax implications. Before making your payout election, please **read the enclosed Special Tax Notice**. You may also want to consult a tax professional regarding tax implications.

DROP BALANCE PAYOUT METHOD

If you are subject to a Required Minimum Distribution (RMD), or made after-tax contributions, those amounts will be paid directly to you as a lump sum payment by default. Please contact our office if you would like to roll over after-tax contributions. Upon receiving this completed form, your payment will be processed in the calendar month following your termination date. Your **DROP BENEFIT** is based on your **DROP termination date of:**

<input type="checkbox"/> A lump sum election means the FRS will mail your DROP payment directly to you at the address on file, minus the required federal withholding taxes. *The tax amount below is subtracted from the gross DROP balance to determine the net lump sum payment. Tax Calculation: \$ _____ (20% non-RMD amounts) \$ _____ (10% RMD amounts)	Gross DROP Balance: \$ _____ RMD: \$ _____ After-Tax Contributions: \$ _____ *Net Lump Sum Payment: \$ _____
<input type="checkbox"/> A direct rollover election means the FRS will mail your gross DROP rollover amount directly to the custodian of your selected qualified plan. The receiving financial institution's representative must complete the rollover section below. If you choose to roll your DROP into a ROTH account, the taxation will default to 0% unless you make a federal tax withholding selection here: _____ 10% _____ 20%	Default Gross Lump Sum Payment (RMD and After-tax contributions): \$ _____ Gross DROP Rollover: \$ _____
<input type="checkbox"/> Partial lump sum Add the additional lump sum amount I indicate to my default gross lump sum payment and then reduce the DROP rollover amount accordingly. I understand that the additional lump sum amount will be taxed.	Additional Lump Sum Amount: \$ _____

By signing this form, I attest to having read the Special Tax Notice and authorize the FRS to release my DROP payments accordingly.

PAYEE'S SIGNATURE: _____
 (must be signed in the presence of a Notary Public)

Notary: State of _____, County of _____. The above named person has sworn to and subscribed before me this _____ day of _____ 20____ and who is personally known _____ or produced _____ as identification.

 Signature of Notary Public

 Print or Stamp Notary Public's Commission Name and Number

This Section is for ROLLOVERS, and must be filled out by a REPRESENTATIVE of the ELIGIBLE PLAN or IRA

Please select the type of account the rollover will be deposited to (as defined in s. 402(c)(8)(B) of the Internal Revenue Code) and provide the address to where the check should be mailed. **Upon receiving this completed form, a payment will be processed, no sooner than, the calendar month following the member's termination date noted above. Incomplete forms will be returned to the member and will delay the payment process.**

Annuity/Individual Retirement Account (IRA) as described in s. 408(a) and 408(b), Internal Revenue Code

- Traditional** **ROTH** (excluding designated) - Taxation on ROTH rollovers will default to 0% unless otherwise noted above.
- Qualified Plan** - A stock bonus, pension, or profit sharing plan of an employer as described in s. 401(a), 401(k), Internal Revenue Code
- Deferred Compensation Plan** as described in s. 457(b), Internal Revenue Code
- Annuity** as described in s. 403(a) or 403(b), Internal Revenue Code

Payable To: _____ Account #: _____ Phone #: _____
 Financial Institution (optional)

Mail Payment to Address: _____ Representative: _____
 _____ Print Name

 City State Zip Representative: _____ Signature _____ Date _____