Florida Retirement System Pension Plan
Deferred Retirement Option Program (DROP) Selected Payout Method

PO Box 9000, Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Member Name: _____ **Member SSN:** XXX-XX- _____

Payee Name: _____ **Payee SSN:** XXX-XX- _____

Mailing Address: _____ _____
Street / PO Box Apt No

_____ _____ _____
City State ZIP Code

Primary Phone: _____ **Primary Email:** _____

This form serves as an affirmation of your selected payout method for your DROP accumulation as provided in section 121.091, Florida Statutes (F.S.). The payout method may have serious tax implications. Before making your payout selection, please **read the enclosed Special Tax Notice**. If you need advice regarding tax implications, please consult a tax professional.

DROP Balance Payout Method:

If you are subject to a Required Minimum Distribution (RMD), or made after-tax contributions (ATC), those amounts will be paid directly to you as a lump sum payment. Your payment will be processed no earlier than the calendar month following your termination date. Your accumulated **DROP benefit** is based on your **DROP termination date of:** _____/_____/_____.

You must choose one payout method below. Indicate your choice by selecting the appropriate box.

☐	**Payout Method A: Lump Sum -** The Florida Retirement System (FRS) will mail your DROP payment directly to you at the address on this form, 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 amount) $_____ (**10%** RMD amount)	Gross DROP Balance: $_____ RMD: $_____ ATC: $_____ Total Taxes Withheld: $_____ **Net** Lump Sum Payment: $_____
☐	**Payout Method B: Direct Rollover -** The FRS will mail your accumulated DROP benefit (less any applicable RMD and ATC accounts) as a direct rollover to the custodian(s) of your selected qualified plan or IRA. **The receiving custodian's representative must complete the rollover section on page two.** If you choose to roll over your accumulated DROP benefit into a ROTH account, the taxation will **default to 0%** unless you make a federal tax withholding selection here:_____ 10% or _____ 20%	Gross DROP Balance $_____ RMD: $_____ ATC: $_____ DROP Rollover: $_____
☐	**Payout Method C: Partial Lump Sum -** The FRS will mail the indicated lump sum (minus the required tax withholding) directly to you at the address on this form, and the FRS will mail your accumulated DROP benefit as a direct rollover to the custodian(s) indicated on page two. Any RMD or ATC due will be included in the net lump sum amount.	Gross Lump Sum Amount: $_____ DROP Rollover: $_____

Signature:

By signing this form, I attest to having read the Special Tax Notice and authorize the FRS to release my DROP payments accordingly. I understand that this payout method is final, and once my payout is processed and distributed per my instructions or a lump sum is issued per IRS guidelines, I cannot alter my DROP payout method, nor can I return my DROP payout.

Payee's Signature: _____ **Date:** _____/_____/_____

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Member Name: _____ **Member SSN:** XXX-XX-_____
Payee Name: _____ **Payee SSN:** XXX-XX- _____

Total DROP Rollover to this Custodian: $_____

☐ **I have selected multiple custodians for my rollover (a completed page three is required for each).**

DROP termination date of: _____/_____/_____

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

Select the type of account the rollover will be deposited to (as defined in section 402(c)(8)(B) of the Internal Revenue Code) and provide the address of the custodian. **Upon receiving this completed form, a payment will be processed, no earlier than the calendar month following the member's termination date noted above.** This form will be returned to you if it is incomplete, which will delay the payment process.

☐ **Qualified Plan –** A stock bonus, pension, or profit-sharing plan of an employer as described in section 401(a), 401(k), Internal Revenue Code

☐ **Deferred Compensation Plan –** As described in section 457(b), Internal Revenue Code

☐ **Annuity –** As described in section 403(a) or 403(b), Internal Revenue Code

☐ **Individual Retirement Account/Annuity (IRA) –** As described in section 408(a) or 408(b), Internal Revenue Code (Select Traditional or Roth below)

☐ **Traditional** ☐ **ROTH** (excluding designated) – Taxation on ROTH rollovers will default to 0% unless otherwise noted above.

Account #: _____ (Optional)

Payable to*: _____ (Custodian)

Mail payment to this address*: _____

_____

_____

City: _____ State: _____ Zip: _____

*Note: Only the information provided on the payable to and mailing address lines can be included on the check. There is a maximum character limit of four lines of 31 characters each, plus one line for city, state, and zip code.

Authorized Representative: _____ Print Name

Authorized Representative: _____ Signature Date: _____/_____/_____

Phone: _____ Email: _____

Once processed, this payment is final.

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Member Name: _____ **Member SSN:** XXX-XX-_____
Payee Name: _____ **Payee SSN:** XXX-XX- _____

Pursuant to the Privacy Act of 1974, 5 U.S.C. section 552a, the Division is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. section 666. The purpose(s) for the requested information is that social security numbers collected on the form will be used by the Department of Management Services as follows: identification of payee; enforcement of child support or alimony obligations; other deductions permitted by section 121.091, F.S., or otherwise permitted by law. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(4) and (5), F.S.

A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.