

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

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

**Member Name** MEMBER NAME: \_\_\_\_\_ **Member** MEMBER SSN: XXX-XX- \_\_\_\_\_

**Payee Name** PAYEE NAME: \_\_\_\_\_ **Payee** 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 election, please **read the enclosed Special Tax Notice**. If you need advice regarding tax implications, please consult a tax professional You may also want to consult a tax professional regarding tax implications.

**DROP Balance Payout Method: 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. ~~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 no earlier than in the calendar month following your termination date. Your accumulated DROP benefit **BENEFIT** is based on your **DROP termination date of:**  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

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

<input type="checkbox"/> <b>Payout Method A: Lump Sum-</b> <del>A lump sum election means</del> <u>The Florida Retirement System (FRS) will mail your DROP payment directly to you at the address on <u>this form file</u>, minus the required federal withholding taxes. *The tax amount below is subtracted from the gross DROP balance to determine the net lump sum payment.</u>  Tax Calculation: \$ _____ (20% non-RMD amount) \$ _____ (10% RMD amounts)	Gross DROP Balance: \$ _____ RMD: \$ _____ <u>ATC After-Tax</u> <u>Contributions:</u> \$ _____ <u>Total Taxes Withheld:</u> \$ _____ * <u>Net Lump Sum Payment:</u> \$ _____
<input type="checkbox"/> <b>Payout Method B: Direct Rollover –</b> <del>A direct rollover election means</del> <u>The FRS will mail your <u>accumulated gross</u> DROP benefit (less any applicable RMD** and ATC amounts) as a <u>direct rollover amount</u> directly to the custodian of your selected <u>plan or IRA qualified plan</u>. <b>The receiving <u>custodian's financial institution</u> representative must complete the rollover section on page two below.</b>                  If you choose to roll <u>over</u> your <u>accumulated</u> DROP <u>benefit</u> into a ROTH account, the taxation will <b>default to 0%</b> unless you make a federal tax withholding selection here: _____ 10% or _____ 20%             </u>	<u>Default Gross Lump Sum</u> \$ _____ <u>Payment (RMD and After-</u> \$ _____ <u>tax contributions)</u> \$ _____ <u>Gross DROP Balance:</u> \$ _____ <u>RMD:</u> _____ <u>ATC:</u> _____ <u>Gross-DROP Rollover:</u> _____
<input type="checkbox"/> <b>Payout Method C: Partial Lump Sum -</b> <u>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</u>	<u>Additional Lump Sum</u> <u>Amount</u> \$ _____



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

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

<p><del>custodian(s) indicated on page two. 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. Any RMD or ATC due will be included in the net lump sum amount.</del></p>	<p>Gross Lump Sum Amount: \$ _____</p> <p>DROP Rollover: _____</p>
--	--

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_. The above named person has sworn to and subscribed before me by means of [    ] **physical appearance** or [    ] **online notarization** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

**Notary Seal**

\_\_\_\_\_  
**Print, Type or Stamp Commissioned Name of Notary Public**

\_\_\_\_\_  
**Signature of Notary Public**



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

PO ~~Box~~ 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-\_\_\_\_\_

~~Gross~~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 REPRESENTATIVE of the ELIGIBLE PLAN or IRA

~~Please~~ Select the type of account the rollover will be deposited to (as defined in section s. 402(c)(8)(B) of the Internal Revenue Code) and provide the address of the custodian to where the check should be mailed. Upon receiving this completed form, a payment will be processed, no earlier sooner 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. 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 section s. 401(a), 401(k), Internal Revenue Code

~~Deferred Compensation Plan~~ – As described in section s. 457(b), Internal Revenue Code

~~Annuity~~ – As described in section s. 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.~~

Payable To: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Financial Institution (Optional)

Mail payment to this aAddress\*: \_\_\_\_\_  
(Custodian)



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

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

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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Date

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Once processed, this payment is final.**

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.