

DP-ELE  
Rev. 04/09  
Calculations

Florida Retirement System Pension Plan  
Notice of Election to Participate in the Deferred Retirement Option  
Program (DROP) and Resignation of Employment



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

Member Name Diamond R. Litty  
Position Title Public Defender  
Home Phone [REDACTED]  
Home Mailing Address [REDACTED]

Member SSN [REDACTED]  
Birth Date [REDACTED]  
Work Phone (772) 462-2048  
Present FRS Employer(s) Public Defender's Office, 19th Cir.  
216 S. Second Street  
Ft. Pierce, FL 34953

Resignation From Employment to Participate in the DROP:

I elect to participate in the DROP in accordance with s 121.091(13), Florida Statutes (F.S.), as indicated below, and resign my employment on the date I terminate from the DROP. I understand that the earliest date my participation in the DROP can begin is the first date I reach normal retirement date as determined by law and that my DROP participation cannot exceed a maximum of 60 months from the date I reach my normal retirement date, although I may elect to participate for less than 60 months. Participation in the DROP does not guarantee my employment for the DROP period.

I understand that I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit under Chapter 121, F. S. Termination requirements for elected officers are different as specified in s 121.091(13)(b)(4), F. S. I cannot add service, change options, change my type of retirement or elect the Investment Plan after my DROP begin date. I have read and understand the DROP Accrual and Distribution information provided with this form.

DROP begin date: 01 /01/ 2019 DROP termination and resignation date: 12/31/2023

Member Signature: (sign in the presence of a Notary)

Diamond R. Litty

Notary: State of Florida, County of St. Lucie. The above named person who has sworn to and subscribed before me this 15 day of February 20 19 and is personally known [initials] or has produced \_\_\_\_\_ as identification.

Suzanne B Hatch  
Signature of Notary Public



SUZANNE B. HATCH  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF171404

Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification: This is to certify that the above named member will be enrolled as a DROP Participant on the date stated and will terminate his or her employment on the date stated

For educational agencies only: I certify that the member's position of \_\_\_\_\_ meets the definition of instructional personnel under Section 1012.01(2) Florida Statutes

Authorized Personnel Signature: Patricia Arnold  
Agency Phone: (772) 337-5665

Agency Number 02160  
Date 02/15/2019