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 Fre	ee: 844-377-1888	FAX : 850-410-2010		
Member Name: Lorie S. Ward		Member SSN:	i j	
Mailing Address: 2537 Wayman Rd				
Street/P.O. Box	00.17.1		Apt. No.	
Moore Haven FL	33471	USA		
City State	ZIP Code Cell Phone: (863) 6	Country 73-1707		
Home Phone:			Appraiser	
	Position Title:Glad	es County Property	Appraiser	
Current FRS Employer(s): Glades County Property Ap	opraiser			
Resignation From Employment to Participate in the DROP: I elect to participate in the DROP in accordance with section (s.) 121.091(13), Florida Statutes (F.S.), beginning the date indicated below and resign my employment on the date I terminate from the DROP, as indicated below. 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 Florida law and that my DROP participation cannot exceed 96 months from my DROP begin date, as allowable by law, although I may elect to participate for less than 96 months.				
DROP Participation Begin Date: 02/01 /2019	DROP Termination and	Resignation Date: _0^	1, 31 , 2027	
I understand that participation in the DROP does not guarantee my continued employment for the DROP period.				
I understand that I must terminate all employment with all FRS DROP period.	S employers as specified	l in s. 121.021(39)(b), F	.S, following the	
Elected Officers: Elected officers may defer terminating employment after your DROP participation is ended, as specified in s 121.091(13)(b)4., F.S. and s. 121.053, F.S. An elected officer who deferred termination as provided in s. 121.053, F.S., on or before June 30, 2023, is ineligible to extend DROP participation beyond 60 months.				
I understand I cannot add service, change options, change my begin date.	type of retirement, or el	ect the Investment Plan	after my DROP	
I have read and understand the DROP Accrual and Distribution	on information provided v	vith this form.		
Notarization: Member Signature: Notary: State of Florida County of Glades before me by means of physical appearance or	The above-named p	erson has sworn to and	I subscribed	
20_33, and is personally known or ha	as produced		_ as identification	
Print, Type or Stamp Commissioned Name of Notary Public		Note-y Sod Notary Public State of Florida Laura A Mathis My Commission HH 221515		



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Toll Free: 844-377-1888

FAX: 850-410-2010

Employer Phone: (863) 946-6025

PO BOX 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500

Employer Number: Agency #32004

Member Name: Lorie S. Ward		Member SSN:
Employer Certification of Member's R		
This is to certify that the above-named meml or her employment on the date stated.	ber will be enrolled as a DROP Particip	ant on the date stated and will terminate his
DROP Participation Begin Date: 02/01		nd Resignation Date: <u>01, 31, 2027</u>
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.		
	///////////////////////////////////////	Date: 6 / 15/ 23
Authorized Employer Signature:		
Printed Name: Anita Woods	Position Title: Payroll	& Bookkeeper

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DROP Accrual Distribution Methods

When your participation in DROP begins, your DROP benefit is based on the option selected at retirement (begin date for the DROP), and will accrue, with interest and cost-of-living adjustments, for the duration of your DROP participation. Upon your termination of employment and DROP, you must elect one of the following methods of payment for the DROP benefit within 60 days of your DROP employment termination.

1. Lump sum

All accrued DROP benefits, plus interest, less 20 percent tax remitted to the Internal Revenue Service (IRS), shall be paid to the DROP participant or the surviving beneficiary.

2. Direct rollover:

All accrued DROP benefits, plus interest, shall be paid from the DROP directly to the custodian of an eligible retirement plan as defined in s. 402(c)(8)(B), Internal Revenue Code (IRC). However, in the case of an eligible rollover distribution to the surviving spouse of a deceased participant, an eligible retirement plan is an individual retirement account or annuity as described in s. 402(c)(9), IRC.

3. Partial lump sum

A portion of the accrued DROP benefits shall be paid to the DROP participant or surviving spouse, less IRS tax, and the remaining DROP benefits shall be transferred directly to the custodian of an eligible retirement plan as defined in s. 402(c)(8)(B), IRC. However, in the case of an eligible rollover distribution to the surviving spouse of a deceased participant, an eligible retirement plan is an individual retirement account or annuity as described in s. 402(c)(9), IRC. The proportions shall be specified by the DROP participant or surviving spouse.

If you do not make an election of one of the above methods within the 60-day period, the Division of Retirement will pay directly to you the accrued benefits in a lump sum, less IRS tax. If you fail to terminate in accordance with s. 121.021(39)(b), Florida Statutes (F.S.) on your DROP termination date, your retirement will be null and void and your Florida Retirement System membership established retroactively to the date you began DROP.

