

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
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Member Name	<u>Lorie S Ward</u>	Member SSN	<u>xxx-xx-xxxx</u>
Position Title	<u>Glades County Property Appraiser</u>	Birth Date	<u>04/21/1962</u>
Home Phone	<u>(863) 673-1707</u>	Work Phone	<u>(863) 946-6025</u>
Home Mailing Address	<u>2537 Wayman Rd</u> <u>Moore Haven, FL 33471</u>	Present FRS Employer(s)	<u>Glades County Property Appraiser</u>

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: 02 /01/ 2019 DROP termination and resignation date: 01/31/2024

Member Signature: (sign in the presence of a Notary) *Lorie S Ward*

Notary: State of Florida, County of Glades. The above named person who has sworn to and subscribed before me this 19 day of February, 20 19 and is personally known or has produced _____ as identification.

Marina S. Langdale
Signature of Notary Public



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: _____ Agency Number 32004
Agency Phone: (863) 946-6025 Date 02/19/2019