

DP-ELE
Effective 09/18
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 JAMES A CROFT
Position Title COUNTY COMMISSIONER
Home Phone _____
Home Mailing Address _____

Member SSN _____
Birth Date _____
Work Phone _____
Present FRS Employer(s) BAKER COUNTY BOARD OF COMMISSIONERS

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.

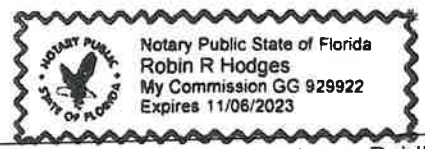
DROP begin date: 12 /01/ 2022 DROP termination and resignation date: 11/30/2027

Member Signature: (sign in the presence of a Notary) *James A Croft*

Notary: State of FL, County of Baker. The above named person who has sworn to and subscribed before me this 28th day of November 20 22 and is personally known _____ or has produced _____ as identification.

Robin R Hodges
Signature of Notary Public

Robin R Hodges
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: *Cathy Williams*
Agency Phone: (904) 259-0207

Agency Number 12003
Date 11/21/2022