

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: Teresa G. Phillips Member SSN# _____
 Member Birth Date: 2/4/62
 Mailing Address: 22434 NW 8216 Apt. No. _____
Starke Street/P.O. Box FL 32091 US
 City State ZIP Code Country
 Home Phone: _____ Cell Phone: 352-745-6110
 Email: phillipsh@denbargmail.com Position Title: Tax Collector
 Current FRS Employer(s): Bradford County

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: 2/1/2019 DROP Termination and Resignation Date: 1/31/27

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 employers as specified in s. 121.021(39)(b), F.S., following the DROP period.

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 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.

Notarization:

Member Signature: Teresa G. Phillips

Notary: State of Florida County of Bradford. The above-named person has sworn to and subscribed before me by means of physical appearance or online notarization on this 29th day of June, 2023, and is personally known or has produced _____ as identification.

Print, Type or Stamp Commissioned Name of Notary Public

Marie Dyal
 Signature of Notary Public

Notary Seal

