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	Kathleen A. Smith	Member SSN	
Position Title	Public Defender, 20th Judicial Circuit	Birth Date	
Home Phone		Work Phone	(239) 533-1814
Home Mailing Address		Present FRS Employer(s)	Public Defender, 20th Judicial Circuit
Resignation From	m 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:  08 /01/ 2020  DROP termination and resignation date: 07/31/2025  Member Signature: (sign in the presence of a Notary)			
Notary: State of, County of The above named person who has sworn to and subscribed			
before me this 27 day of JUN 20 20 and is personally known or has produced			
	as ide	ntification.	ASHLIE N. CLOPEIN Commission # GG 344641
Chri	N. 6		Expires June 13, 2023  Bonded Thru Troy Fain Insurance 800-385-7019
S	Signature of Notary Public	Print, Type or Sta	amp 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.			
	agencies only: I certify that the member's positional personnel under Section 1012.01(2) Flori		meets the
Authorized Person	nnel Signature: Kattill R	Agend	y Number 07100
Agency Phone:	239-533-155	Date	019019090