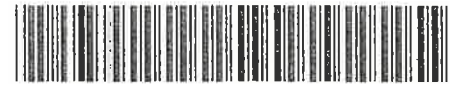


**Florida Retirement System Pension Plan
Application for Service Retirement and the
Deferred Retirement Option Program (DROP)**



PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name	<u>Kathy D. Burns</u>	Member SSN	_____
Position Title	<u>Superintendent of Schools</u>	Birth Date	<u>02/12/1960</u>
Home Phone	<u>(904) 545-4756</u>	Work Phone	<u>(904) 491-9901</u>
Home Mailing Address	<u>43508 Ratliff Road</u>	Present FRS Employer(s)	<u>Nassau County School District</u>
	<u>Callahan, Fl. 32011</u>		<u>1201 Atlantic Avenue Fernandina Beach, Fl. 32034</u>
		Email	<u>burnska@nassau.k12.fl.us</u>

I have resigned my employment on the date stated below and elect to participate in the DROP in accordance with s. 121.091(13), Florida Statutes (F.S.). My DROP participation cannot exceed a maximum of 60 months from the date I first reach my normal retirement date as determined by the Division of Retirement.

I understand I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit under Chapter 121, F. S. If I fail to terminate my employment in accordance with s. 121.021(39)(b), F.S., on my DROP termination date, my retirement will be null and void and my FRS membership shall be established retroactively to the date I began DROP. Termination requirements for elected officials are different as specified in s 121.091(13)(b)(4), F.S. Participation in the DROP does not guarantee my employment for the DROP period. I cannot add service, change options, change my type of retirement or elect the Investment Plan after the DROP begin date. I have read and understand the DROP Accrual Distribution information provided with this form.

Beneficiary Designation: All previous beneficiary designations are null and void. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

<u>Primary</u>		<u>Contingent</u>	
Name	_____ Relation _____	Name	_____ Relation _____
SSN	_____ DOB _____	SSN	_____ DOB _____
Phone	_____	Phone	_____
Address	<u>7</u> _____	Address	_____

DROP begin date: _____ DROP termination and resignation date 10/31/2025

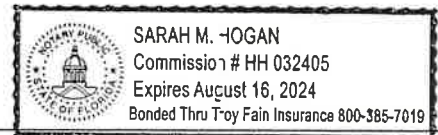
Member Signature: (sign in the presence of a Notary)

Kathy D. Burns

Notary: State of FL, County of Nassau. The above named person who has sworn to and subscribed before me this 29th day of October 2020 and is personally known _____ or has produced FL DL as identification.

[Signature]

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 Superintendent meets the definition of instructional personnel under Section 1012.01(2), Florida Statutes.

Authorized Personnel Signature: [Signature] Agency Number: 55007
Agency Phone: (904) 491-9374 Date: 10/29/2020



**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	<u>Kathy D. Burns</u>	Member SSN	_____
Position Title	<u>Superintendent of Schools</u>	Birth Date	<u>02/12/1960</u>
Home Phone	<u>(904) 545-4756</u>	Work Phone	<u>(904) 491-9901</u>
Home Mailing Address	<u>43508 Ratliff Road</u> <u>Callahan, Fl. 32011</u>	Present FRS Employer(s)	<u>Nassau County School District</u> <u>1201 Atlantic Avenue Fernandina Beach, Fl. 32034</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: 11 /01/ 2020 DROP termination and resignation date: 10/31/2025

Member Signature: (sign in the presence of a Notary) *Kathy D. Burns*
Notary: State of FL, County of NASSAU. The above named person who has sworn to and subscribed before me this 29th day of October 20 20 and is personally known _____ or has produced _____ as identification.

[Signature]
Signature of Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

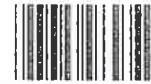
Employer Certification: This is to certify that the above named member will be enrolled as a DROP Participant on the date stated and will terminate his or her employment on the date stated.

For educational agencies only: I certify that the member's position of Superintendent meets the definition of instructional personnel under Section 1012.01(2) Florida Statutes.

Authorized Personnel Signature: *[Signature]* Agency Number 55007
Agency Phone: (904) 491-9874 Date 10 / 29 / 2020

Florida Retirement System Pension Plan
Option Selection for FRS Members

PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010



Member Name Kathy D. Burns Member SSN _____

A member must select one of the following retirement options prior to receipt of their first monthly retirement benefit.

I select:

_____ Option 1: A monthly benefit payable for my lifetime. Upon my death the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.

Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.

_____ Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payment in the same amount as I was receiving. (Exception on: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

The social security number of my joint annuitant is _____.

_____ Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of **either my joint annuitant or me**, the monthly benefit payable to the surviving person (my joint annuitant or me) **is reduced to two-thirds** of the monthly benefit payable while we were both living. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

The social security number of my joint annuitant is _____.

COMPLETE AND RETURN FORM SA-1

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I **cannot** add service, change options or change my type of retirement (Regular, Disability or Early) once my retirement becomes final. My retirement becomes final when any benefit payment is cashed, deposited or when my Deferred Retirement Option Program (DROP) participation begins.

Member Signature: (sign in the presence of a Notary)

Kathy D. Burns

Notary: State of Florida, County of Tallahassee. The above named person who has sworn to and subscribed before me this 24th day of October 20 20 and is personally known _____ or has produced

FL DL

_____ as identification.

[Signature]

Signature of Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

Florida Retirement System Pension Plan
Spousal Acknowledgment Form



PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name: Kathy D. Burns Member SSN: _____

CHECK ONE OF THE FOLLOWING:

MARRIED: YES NO IF YES AND YOU SELECTED OPTION 1 OR 2,
YOUR SPOUSE MUST ALSO COMPLETE BOX 2.

Notarized Signature of Member: Kathy D. Burns

1 Notary: State of Florida, County of NASSAU. The above named person who has sworn to and
subscribed before me this 29TH day of DECEMBER 20 20 and is personally known or
produced _____ as identification.

Christopher Zech
Signature of Notary Public - State of Florida

CHRISTOPHER ZECH
Print, Type or Stamp Commissioned Name of Notary Public
CHRISTOPHER ZECH
Commission # CG 211774
Expires April 25, 2022

SPOUSAL ACKNOWLEDGMENT: I, George M. Burns being the spouse of the above named
member, acknowledge that the member has selected either Option 1 or 2.

Notarized Signature of Spouse: George M. Burns

2 Notary: State of Florida, County of NASSAU. The above named person who has sworn to and
subscribed before me this 29TH day of DECEMBER 20 20 and is personally known or
produced _____ as identification.

Christopher Zech
Signature of Notary Public - State of Florida

CHRISTOPHER ZECH
Print, Type or Stamp Commissioned Name of Notary Public
CHRISTOPHER ZECH
Commission # CG 211774
Expires April 25, 2022

The following is an explanation of all four Florida Retirement System Options:

- Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.
- Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.
- Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payable in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.
- Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to the joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.