

**DEFERRED RETIREMENT OPTION PLAN
LOW BALANCE NO DISTRIBUTION**

Print Name: _____ **DERP ID:** _____
(First Name, Middle Initial, Last Name)

Home Address: _____
(Street Address, City, State, Zip Code)

Telephone Number: _____ **Social Security Number:** _____
(Area Code, Number) (Last four digits)

Email Address: _____

_____ **By initialing, I attest that I have received the Plan's DROP tax notice and have been advised to seek counsel from a tax professional prior to electing a distribution option.**

I elect NOT to take a lump-sum distribution of my DROP account. I understand that a monthly administrative fee of \$5.00 will be deducted from my DROP balance if my balance is below \$2,500.00.

Signature: _____ **Date:** _____

This form must be notarized.

State of _____)
City of _____) ss.
County of _____)

The foregoing instrument was signed and acknowledged before me this _____ day of _____, _____.

WITNESS my hand and official seal.

Notary Public

My commission expires: _____