

TUSCALOOSA POLICE OFFICERS AND FIREFIGHTERS RETIREMENT PLAN

DROP Distribution Election Form

This form must be completed and returned to the City of Tuscaloosa Human Resources Department at least 30 days and no more than 90 days prior to the date you expect to begin receiving your DROP distribution.

Please print or type

Member or Beneficiary:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Retirement Date: _____ Annuity Start Date: _____

Election of Method of Distribution: (please initial beside your election)

___ 1. Rollover _____ (percent or dollar amount) of my account to the following institution:

Financial Institution: _____

Account Name: _____ Account Number: _____

Institution Address: _____
Street Address City State Zip

Phone Number: _____ Contact Person: _____

___ 2. Distribute the balance of my account in one lump sum payment - Please be advised that if you elect to take a lump sum distribution payment upon retirement, and that distribution occurs prior to your Federal legal retirement age, you should seek individual financial advice regarding a possible federal tax penalty in addition to any federal income tax obligations on retirement distribution(s).

___ 3. Distribute balance of my account over a period of: (choose one)

___ 3 years

___ 5 years

___ 10 years

Member or Beneficiary Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____
Month Year

Notary Public

My commission expires: _____