

**ST. LUCIE COUNTY FIRE DISTRICT  
FIREFIGHTERS' PENSION TRUST FUND**

**DROP BENEFIT PAY-OUT OPTION**

Name of Participant: \_\_\_\_\_

Date of Separation (exiting the DROP): \_\_\_\_\_

I hereby make the following selection for distribution of the assets from my DROP account.

- \_\_\_\_\_ A full and single lump sum distribution made payable to me.
- \_\_\_\_\_ Equal **annual** installments made payable to me in the amount of \$\_\_\_\_\_ on the \_\_\_ day of \_\_\_\_\_ each calendar year.
- \_\_\_\_\_ Equal **monthly** installments made payable to me in the amount of \$\_\_\_\_\_ beginning \_\_\_/\_\_\_/\_\_\_.
- \_\_\_\_\_ Rollover \$\_\_\_\_\_ to another qualified plan per the attached documentation from the receiving agency.
- \_\_\_\_\_ A partial lump sum distribution made payable to me in the amount of \$\_\_\_\_\_.

By signing this document I understand that the distribution from my DROP account may be subject to penalties, income tax withholding, or other withholding or liabilities required by law. Additionally, notwithstanding any election above not distribution may be made

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which exceeds the value of the DROP account or exceeds the amount permitted by the Internal Revenue Service pursuant to Code Section 415.

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

*In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:*

\_\_\_\_\_  
Printed, typed or stamped name of Notary

\_\_\_\_\_ Personally known

\_\_\_\_\_ OR Produced identification

Type of identification produced: \_\_\_\_\_