

THE FIREMEN'S RETIREMENT SYSTEM OF ST. LOUIS

DROP ACCOUNT DISTRIBUTION ELECTION

INTEREST ELECTION OPTION

NAME: _____

SOCIAL SECURITY #: _____

MONTH OF PAYMENT: _____

I, _____ wish to receive a lump sum distribution of my DROP account on my pension check for the month indicated above.

Please check one below:

_____ I wish to have my account credited with the 5% interest and my account paid to me in full.

_____ I wish to have a partial payment made and the interest earnings of the system credited to my account at end of fiscal year and then final payment made. Note: the earnings of the system will not be known until approximately December.

I authorize the transactions on this form to be made under the terms of the Firemen's Retirement System of St. Louis DROP program and further understand that the System will deduct taxes in the amount of 20% federal and 10% state from my distribution.

SIGNATURE OF MEMBER

DATE