

**Firemen's Retirement System of St. Louis**

**DROP Account Distribution Election**

**Member**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Complete address to which payment should be sent.

Street City State Zip Code

**DISTRIBUTION ELECTION**

- I wish to receive an immediate lump-sum distribution.
  - Full Account
  - Partial withdrawal of \$ \_\_\_\_\_
- I wish to receive monthly payments of \$ \_\_\_\_\_ (must be at least \$200).

**SIGNATURE AUTHORIZATION**

I authorize the transactions on this form under the terms of the Firemen's Retirement System of St. Louis DROP program.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date