



DEFERRED RETIREMENT OPTION PROGRAM ELECTION FORM

First Name		Last Name	
Employee ID		Retirement Eligibility Date	
Spouse's First Name		Spouse's Last Name	
Spouse's Date of Birth		Date of Marriage	
DROP Effective Date			

PART I

I ACKNOWLEDGE THE FOLLOWING:

1. I have read and understand the Deferred Retirement Option Program (“DROP”) provisions of the Retirement Administrative Rules (the “Rules”) that provides for the Fort Worth Employees’ Retirement Fund (the “Fund”). I understand that the provisions of the Rules always govern, and that, if a conflict arises between the terms of the Rules and the terms of this Election Form or any other document or communication, the terms of the Rules will control.
2. I have read and understand the rules and procedures for DROP participation, as adopted by the Fund’s Board of Trustees (the “Board”). I understand that the Board can change the rules and procedures, and any other rules or forms regarding DROP, at any time, both retroactively and prospectively, with or without notice.
3. I have had the opportunity to meet with the Fund’s administrative staff (the “Staff”) and to ask them questions regarding the operation of DROP and the effect of DROP on my benefits.
4. I have had the opportunity to seek advice from a professional tax or legal advisor regarding DROP. I understand that the Staff cannot and has not given me tax or legal advice regarding DROP, however, I specifically understand that under current law, the distribution of amounts credited to my DROP Account before age 59½ (or, age 55 following separation from service or any other special IRS rules if applicable) may result in a special excise tax of ten percent of the amount distributed (in addition to regular income taxes).
5. I meet (or will meet within the next 60 days) the eligibility requirements of DROP as set forth in the Rules.
6. I understand, if I participate in DROP, that:
 - a. my retirement pension will be frozen as of my DROP Effective Date (defined below), so that my Credited Service and Compensation Base (as both are defined by the Rules) shall be calculated as of my DROP Effective Date, regardless of my continued service, regardless of any subsequent increases in earnings, and regardless of any cost of living

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adjustments I would have been eligible to receive if I had in fact retired instead of electing to participate in DROP;

- b. I will receive DROP benefits consisting of monthly accruals to an account (my “DROP Account”) in the amount of the monthly retirement pension I would have received if I had actually retired on my DROP Effective Date, except that these accruals will not include any cost of living adjustments and my Credited Service will not include any accumulated civil service sick leave or major medical leave;
 - c. the accruals to my DROP Account begin with my DROP Effective Date and end with the month I leave active service, provided however, that accruals to my DROP Account will not be made for more than six years;
 - d. the balance in my DROP Account will not be credited with any interest or earnings; and
 - e. when my DROP Account is eligible to be distributed, I will complete the DROP Payment Selection Form by choosing distribution options or a combination thereof and signing said form (having such signature notarized).
7. I understand that my Spouse (if any as of the date of this Election Form) must consent to my election to participate in DROP by signing this Election Form (and having such signature notarized).
8. I understand that the Board must approve my election to participate in DROP. I understand that my election becomes effective on the first day of the month following Board approval or, if later the first day of the month following my completion of my Normal Retirement Date (Rule of 80 or 65 & 5) or Special Retirement Date (25 and out). I understand that the date my election becomes effective is called my “DROP Effective Date.” I understand that my election is made on this Election Form.
9. I understand that I can revoke my election only in writing and that my revocation must be received by the Staff prior to Board approval. I understand that my election is irrevocable after Board approval.
10. I understand that, once I properly complete and submit my Election Form to the Staff, my Election Form will be placed for Board approval on the agenda of the next regular Board meeting. The election form must be submitted 30-60 calendar days in advance, but no later than the 10th of the month, prior to the date the Board is to consider the Election Form.
11. I understand that my participation in DROP will have no effect on contributions to the Fund, and that, therefore, both the City and I must continue to make contributions to the Fund.
12. I understand that, as of my DROP Effective Date, I will be ineligible to receive a disability pension, and that, instead, in the event of a disability for which I would otherwise receive disability benefits under the Rules, I will be deemed to have retired and will be treated in accordance with the rules applicable to DROP retirees.
13. I understand that if I die after completing one (1) month in DROP, my DROP benefits will be paid to my spouse, or if I have none, to my designated beneficiary or estate.

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14. I understand that this is not an election of retirement, it is a deferral of retirement and I must apply for retirement benefits by submitting a retirement application, at least thirty (30) to sixty (60) days prior the day I intend to retire but no later than the 10th of the month, prior to the date the Board is to consider the Retirement Application.

(To Be Completed By Retirement Office)

DROP Effective Date				
Blue Benefit Credited Service	Years		Months	
FAC				
Orange Benefit Credited Service	Years		Months	
FAC				
Gray Benefit Credited Service	Years		Months	
FAC				

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PART II

I elect to participate in DROP. I have read this Election Form in its entirety. I understand and agree to all of its provisions, all of the provisions regarding DROP in the Rules, and all of the rules and procedures regarding DROP. I understand that this Election Form will be deemed not received if it is incomplete.

Applicant's Signature	Date:
Witness' Signature*:	Date:
Witness' Printed Name:	

*Witness cannot be the Spouse.

Spouse's Signature: (must be notarized below)	Date:
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STATE OF TEXAS §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, spouse of _____, known to me to be the person whose name is subscribed to the foregoing, and acknowledged to me that s/he executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 20____, to certify which witness my hand and official seal.

(SEAL)

Notary Public in and for the State of Texas

Printed Name of Notary Public