



DEFERRED RETIREMENT OPTION PROGRAM (DROP) RETIREMENT APPLICATION

please type or print in ink

PART A: MEMBER INFORMATION			
1. Name:	2. SSN:	3. Birth Date:	
4. Address:			
5. City:	6. State:	7. Zip:	8. Phone Number:
9. Email Address:	10. Department:	11. Position:	
12. Membership Plan: <input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Defined Benefit Plan with Enhanced Option			
13. DROP Entry Date:		14. DROP Exit Date:	
PART B: TYPE OF RETIREMENT (Refer to the Public Safety Member's Handbook)			
15. Type of Retirement (Check One)			
<input type="checkbox"/> Service (Normal Retirement - Age 60 or older) <input type="checkbox"/> Early Service (Age & Service) <input type="checkbox"/> Early Service (Service)			
PART C: PAYMENT OPTIONS (Refer to the Public Safety Member's Handbook)			
16. Benefit Payment Option (Check One)			
<input type="checkbox"/> Basic Benefit <input type="checkbox"/> Level Payment <input type="checkbox"/> Smooth-Out			
_____ % Pop-Up Joint and Last Survivorship		_____ % Joint and Last Survivorship	
PART D: SURVIVOR INFORMATION (Complete Part D only if you chose a survivorship option in Part C.)			
17. Name:	18. SSN:	19. Birth Date:	
20. Address:			21. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Other
PART E: MEMBER'S CERTIFICATION			
<p>I hereby certify that: 1) all of the foregoing facts are correct, 2) I have read and understand the service retirement information in the Members Handbook, 3) I have read and understand the DROP Administrative Guidelines, 4) I have satisfied the retirement eligibility requirements set forth in the City of Richmond Code Chapter 22 and 5) I fully understand Section 22-204 of the City of Richmond Code governing the DROP and Article IX of Chapter 22 of the City of Richmond Code governing payment options available to me. I further understand that I must: 1) submit proof of my birth date, 2) submit proof of my beneficiary's birth date, if I elect a survivorship option, 3) make an election to retain all or part of my unused sick leave upon entry into the DROP, and 4) complete additional payroll forms upon exiting DROP. Additionally, I understand that I am considered a retired member for all purposes related to the System and I agree that I or my estate will repay any excess payment of benefits, if any, to which I was not entitled.</p>			
Member's Signature _____		Date _____	
To be completed by notary or other court official authorized to take acknowledgements:			
State of _____ City/County of _____ on _____ 20 _____			
The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.			
Notary Public _____		Date _____	
My commission expires: _____ Notary Registration No.: _____			
RRS Use Only			
Board of Trustees Agenda Date: _____			
Average Final Compensation: _____		Member's Creditable Service: _____	
Member's Age: _____		Member's Age: _____	
1st Reviewer: _____	Date: _____	2nd Reviewer: _____	Date: _____