

Firemen's Retirement System of St. Louis Deferred Retirement Option Plan Participation

EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____
Last First Middle

Date of Birth: _____

PARTICIPATION AGREEMENT

I hereby file the Firemen's Retirement System of St. Louis DROP Participation Form and agree to abide and be bound by all of the terms and provisions of said plan as the same may be amended from time to time. I certify that I have been furnished information in regard to said plan.

Your Signature

Date

TERMINATION OF PARTICIPATION

I hereby request that my participation in the DROP program be stopped.

- I wish to return to active status.
 I wish to retire immediately.

Your Signature

Date

DO NOT WRITE BELOW THIS LINE

DROP IN DATE _____	_____	_____
	Date	Initials
DROP COL Level _____	_____	_____
	Date	Initials
Initial DMB _____	_____	_____
	Date	Initials
DROP OUT DATE _____	_____	_____
	Date	Initials
Final DMB _____	_____	_____
	Date	Initials
Post DROP Benefit _____	_____	_____
	Date	Initials
Total Retirement Benefit _____	_____	_____
	Date	Initials
Final COL Level _____	_____	_____
	Date	Initials