

THE FIREMEN'S RETIREMENT SYSTEM OF ST LOUIS

DEFERRED RETIREMENT OPTION PLAN

ELECTION FORM

NAME _____ SOC. SEC. # _____

BY SIGNING THIS ELECTION FORM I ACKNOWLEDGE THE FOLLOWING:

- * I HAVE READ AND UNDERSTAND THE PROVISIONS OF THE FIREMEN'S RETIREMENT SYSTEM (SYSTEM), WHICH PROVIDE FOR THE DEFERRED RETIREMENT OPTION PLAN (DROP).
- * I HAVE READ AND UNDERSTAND THE POLICY AND PROCEDURE FOR DROP PARTICIPATION, AS ADOPTED BY THE BOARD OF TRUSTEES.
- * I HAVE HAD THE OPPORTUNITY TO MEET WITH THE SYSTEM'S ADMINISTRATIVE STAFF AND ASK THEM QUESTIONS REGARDING THE OPERATION OF DROP AND ITS AFFECT ON MY BENEFITS, AS WELL AS ANY POTENTIAL BENEFIT THAT MAY BE RECEIVED BY MY SURVIVORS FROM THE SYSTEM.
- * I UNDERSTAND THAT THE ADMINISTRATIVE STAFF OF THE SYSTEM, ALTHOUGH PROVIDING SOME GENERAL INFORMATION, CANNOT AND HAS NOT RENDERED LEGAL ADVICE TO ME ON THE EFFECT DROP WILL OR MAY HAVE ON THE TAXATION OF ANY BENEFIT I MAY RECEIVE, OR ANY POTENTIAL BENEFIT THAT MAY BE RECEIVED BY MY SURVIVORS FROM THE SYSTEM.
- * MY DECISION TO ELECT TO PARTICIPATE IN DROP IS BASED SOLELY ON MY UNDERSTANDING OF THE SYSTEM AND IN THE POLICY AND PROCEDURE FOR DROP, AS ADOPTED BY THE BOARD.

Initial here: _____

ELECTION FORM - PAGE TWO

- * I MEET THE ELIGIBILITY REQUIREMENTS OF DROP IN THE SYSTEM'S PLAN OR WILL MEET SUCH REQUIREMENTS AS OF THE INTENDED EFFECTIVE DATE OF MY PARTICIPATION IN DROP.

- * I UNDERSTAND THAT UPON THE EFFECTIVE DATE OF MY PARTICIPATION IN DROP, MY OBLIGATION TO MAKE CONTRIBUTIONS TO THE SYSTEM'S FUND WILL BE 1% OF MY BI-WEEKLY SALARY.

- * I UNDERSTAND THAT MY RETIREMENT PENSION AS CALCULATED WILL BE DETERMINED AS OF THE EFFECTIVE DATE OF MY PARTICIPATION IN DROP.

- * AS OF THE EFFECTIVE DATE OF MY PARTICIPATION IN THE DROP I UNDERSTAND THAT IF I APPLY FOR SERVICE CONNECTED DISABILITY PENSION UNDER THE TERMS OF THE SYSTEM'S PLAN I WILL FORFEIT ALL CLAIMS TO MY DROP ACCOUNT IF I AM APPROVED FOR A SERVICE CONNECTED DISABILITY BENEFIT.

Initial here: _____