

Request to Roll Over DROP Benefits

The Firemen's Retirement System of St. Louis
1601 S Broadway
St. Louis, MO 63104

Member's Name

Address

SSN: _____ - _____ - _____

This is to direct the Trustees of The Firemen's Retirement System of St. Louis ("System") to transfer my Account balance in the System's DROP to the institution named below as the Representative for (member) _____, IRA Acct. # listed below or my New Employer Qualified Retirement Plan named below.

Institution

New Employer

Institution's Name

Institution Representative

IRA Acct. #.

Address

New Employer Retirement Plan Name

New Employer Representative

Address

Please make the check payable to: _____

Please rollover partial withdrawal of \$ _____

OR

Please rollover full account (check here)

Date

Signature

Below is to be filled out by Institution referred to above.

This is to certify that the Member named above has established or will establish an IRA with us, or is an employee with us and is entitled to roll over amounts into a qualified retirement plan maintained by us. As the Institution Representative of this account or the New Employer qualified retirement plan, we agree to accept a transfer of funds from your qualified retirement plan.

Institution Representative/New Employer

By: _____

Dated: _____