

INSTRUCTIONS:

- This form is to be used by a member terminating from the Deferred Retirement Option Plan (DROP).
- The Lump Sum Distribution Supplement (PMRB-6) must accompany this form.
- Direct Deposit of your monthly benefit is required.
- The Direct Deposit form must accompany this form.
- Federal tax will be withheld based on the tax tables using a status of "Married with 3 Exemptions", if you do not file a W-4P form.
- Type or print all entries in ink.
- Contact the Membership Services Division at 1-800-622-7968 with any questions.
- Return the completed form and all related documents to:

Pennsylvania Municipal Retirement System
P.O. Box 1165
Harrisburg, PA 17108-1165

PART A: PERSONAL INFORMATION (to be completed by member)

1. Member Name				2. Social Security Number			
_____	_____	_____	_____	X	X	X - X	X - _____
<i>First Middle Last Suffix</i>							
3. Member Mailing Address				4. Telephone Number (Home or Cell)			
_____				(____) _____ - _____			
<i>Street</i>				<i>Apt.</i>			
_____				5. Date of Birth			
<i>City</i>		<i>State</i>		<i>Zip Code</i>		____/____/____	
						<i>MM DD YYYY</i>	
6. E-Mail Address _____							

PART B: CERTIFICATION OF MEMBER (to be completed by member)

1. PERSONAL CERTIFICATION (REQUIRED)

- I elect to terminate participation in the Deferred Retirement Option Plan (DROP), as a result of the termination of my employment. I understand that my election to terminate from DROP is irrevocable and that I shall be ineligible to reenroll in DROP at any time in the future.
- I understand that my participation in the DROP will cease as of the last calendar day of the month in which my employment was terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later.

Signature of Member

Date

PART C: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serves as certification of the information provided below.

1. Employing Entity	2. Municipal Code	3. Last Day of Compensated Employment
_____	____ - ____ - ____	____/____/____
		<i>MM DD YYYY</i>

Signature of Plan's Municipal Contact

Date