

APPLICATION FOR TERMINATION FROM **DEFERRED RETIREMENT OPTION PLAN** (DROP)

PMRB-44

06/2016

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

Member Mailing Address 4. Telephone Number (Home or Cell) 5. Date of Birth 7 7 7 7 7 7 7 7 7	ART A: PERSONAL INFORMATION (to be completed by member) Member Name				2. Social Security Number	
Apt. Street Apt. State Zip Code State Zip Code State Apt. State Zip Code State State Apt. State	Wellioei Name					
E-Mail Address State Zip Code	First	Middle	Last	Suffix	<u> </u>	
E-Mail Address State Zip Code State S	Member Mailing Addres	S			4. Telephone Number (Home or Cell)	
E-Mail Address E-Mail Address Term of Member (to be completed by member) PERSONAL CERTIFICATION (REQUIRED) I elect to terminate participation in the Deferred Retirement Option Plan (DROP), as a result of the termination of my employment 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 of terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date Date RET C: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serve certification of the information provided below. Employing Entity 2. Municipal Code MM DD YYYYY 3. Last Day of Compensated Employer (MM) DD YYYYY		G.			(
E-Mail Address MM DD YYYY		Street		Apt.	5. Date of Birth	
PERSONAL CERTIFICATION (REQUIRED) O I elect to terminate participation in the Deferred Retirement Option Plan (DROP), as a result of the termination of my employment of 1 understand that my election to terminate from DROP is irrevocable and that 1 shall be ineligible to reenroll in DROP at any time in the future. O 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	City		State	Zip Code	$\frac{1}{MM} \frac{1}{DD} \frac{1}{YYYY}$	
PERSONAL CERTIFICATION (REQUIRED) I elect to terminate participation in the Deferred Retirement Option Plan (DROP), as a result of the termination of my employment of 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 we terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member	E-Mail Address					
PERSONAL CERTIFICATION (REQUIRED) I elect to terminate participation in the Deferred Retirement Option Plan (DROP), as a result of the termination of my employment of I understand that my election to terminate from DROP is irrevocable and that I shall be ineligible to reenroll in DROP at any time 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 we terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Date Date						
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 ti 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 we terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date	RT B: CERTIFICATION	ON OF MEMBER (to	be completed by men	ıber)		
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 ti 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 we terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date	DEDCONAL CEDTIEIC	CATION (DECLUDE)	<u> </u>			
I understand that my election to terminate from DROP is irrevocable and that I shall be ineligible to reenroll in DROP at any ti 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 verminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date RT C: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serve certification of the information provided below. Employing Entity 2. Municipal Code ———————————————————————————————————		` -				
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 verminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date						
I understand that my participation in the DROP will cease as of the last calendar day of the month in which my employment verminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date		my election to terminat	te from DROP is irrevo	cable and that I shall l	be ineligible to reenroll in DROP at any time	
terminated, or the last calendar day of the month of receipt of this application by PMRS, whichever is later. Signature of Member Date			DDOD 'II		0.1 1:1 1	
RT C: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serve certification of the information provided below. Employing Entity 2. Municipal Code 3. Last Day of Compensated Employing Many Day 1977						
RT C: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serve certification of the information provided below. Employing Entity 2. Municipal Code	terminated, or the	last calendar day of th	e month of receipt of th	iis application by Pivi	RS, WIICHEVEL IS later.	
RT C: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serve certification of the information provided below. Employing Entity 2. Municipal Code MM DD TYYYY MM DD TYYYY THE signature appearing in this part serve certification of the information provided below. 3. Last Day of Compensated Employs						
Employing Entity 2. Municipal Code ———————————————————————————————————	Signature of Member				Date	
Employing Entity 2. Municipal Code ———————————————————————————————————						
Employing Entity 2. Municipal Code ———————————————————————————————————	DT C+ CEDTIFICATION	ON OF MUNICIPAL	ITV (to be completed l	hy the employer) The	a signature appearing in this part sorves	
Employing Entity 2. Municipal Code ———————————————————————————————————				by the employer) The	e signature appearing in this part serves	
		1		10.1	2 Last Day of Companyated Employme	
	Employing Entity		2. Municipal	Code	5. Last Day of Compensated Employme	
			—— —— ⁻ —		$\frac{1}{MM} \frac{1}{DD} \frac{1}{YYYY}$	
Signature of Plan's Municipal Contact Date			<u> </u>		1	
Signature of Plan's Municipal Contact Date						
Signature of Plan's Municipal Contact Date						
distribute of 1 turis transcipui Connect		Signature of Pl		 Date		