

**Florida Retirement System Pension Plan  
Application for Service Retirement and the  
Deferred Retirement Option Program (DROP)**

PO Box 9000  
Tallahassee FL 32315-9000  
850 488-6491 Toll Free 888 738-2252

All of the following are **required** before you can retire and become a DROP participant.

1. A properly completed Form DP-ELE, Notice of Election to Participate in the Deferred Retirement Option Program (DROP) and Resignation of Employment (if you have not previously submitted one). If you are dually employed with one or more Florida Retirement System (FRS) employer(s), **each** employer must complete the employer's portion of a Form DP-ELE and Form DP-11.
2. A properly completed Application for Service Retirement and the DROP, Form DP-11. The DP-11 must be signed in the presence of a notary public and acknowledged by your employer. Since your DROP participation cannot be retroactive, you should send the DP-11 to the Division of Retirement prior to the first day of the month your DROP will begin even if you do not have the other required documents. The DP-11 will be accepted up to six months before your DROP participation date.
3. A properly completed Option Selection for members, Form FRS-11o. An explanation of the options is on the attached page titled "What Retirement Option Should You Choose."
4. A properly completed Spousal Acknowledgment Form, Form SA-1. You must complete and sign the top portion in the presence of a notary. If you are married and select option 1 or 2, your spouse should complete the bottom portion in the presence of a notary.
5. A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put your social security number on the face of the check. You may roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due. Form PRO-1, Pretax Direct Rollover, must be received with the payment.
6. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary. We will accept legible photocopies of **one** of the following (except for g):
  - a. Birth Certificate
  - b. Delayed birth certificate
  - c. Census report more than 30 years old
  - d. Life Insurance policy more than 30 years
  - e. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
  - f. Certificate of Naturalization
  - g. In the absence of one of the above, a document from **two** of the following
    - (1) Birth certificate of child, showing age of parent (limit one)
    - (2) Baptismal certificate more than 30 years old
    - (3) Hospital record of birth
    - (4) School record at time of entering grammar school
7. A final certification of your earnings by your employer for the last four months of your employment prior to entering DROP. **Your employer is aware of this requirement.**
8. A Statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.
9. To designate more than one Primary beneficiary, attach a Beneficiary Designation Form, FST-12; otherwise complete the **Beneficiary Designation** section of Form DP-11.

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Member Name _____	Member SSN _____
Position Title _____	Birthdate _____
Home Phone _____	Work Phone _____
Home Mailing Address _____ _____	Present FRS Employer(s) _____ _____

I have resigned my employment on the date stated below and elect to participate in the DROP in accordance with s. 121.091(13), Florida Statutes (F.S.). My DROP participation cannot exceed a maximum of 60 months from the date I first reach my normal retirement date as determined by the Division of Retirement.

I understand that I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit under Chapter 121, F. S. If I fail to terminate my employment in accordance with s. 121.021(39)(b), F.S., on my DROP termination date, my retirement will be null and void and my FRS membership shall be established retroactively to the date I began DROP. Termination requirements for elected officials are different as specified in s 121.091(13)(b)(4), F.S. Participation in the DROP does not guarantee my employment for the DROP period. I cannot add service, change options, change my type of retirement or elect the Investment Plan after the DROP begin date. I have read and understand the DROP Accrual Distribution information provided with this form.

**Beneficiary Designation:** All previous beneficiary designations are null and void. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

Primary _____	Primary SSN _____
Relationship _____	Primary Birthdate _____
Contingent _____	Contingent SSN _____
Relationship _____	Contingent Birthdate _____

DROP begin date: \_\_\_\_\_ / 01 / \_\_\_\_\_      DROP termination and resignation date \_\_\_\_\_

Member Signature: (sign in the presence of a Notary) \_\_\_\_\_

**Notary:** State of Florida, County of \_\_\_\_\_      The above named person has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ and is personally known \_\_\_\_\_  
or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public- State of Florida      \_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**Employer Certification:** This is to certify that the above named member will be enrolled as a DROP Participant on the date stated and will terminate his or her employment on the date stated.

**For educational agencies only:** I certify that the member's position of \_\_\_\_\_ meets the  
definition of instructional personnel under Section 1012.01(2), Florida Statutes.

Authorized Personnel Signature: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Date: \_\_\_\_\_