

# City of Miramar Management Retirement Plan DROP ACCOUNT - ELECTION FORM

**PLEASE PRINT OR TYPE:**

Name Of Retiree: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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***CHECK THE DESIRED OPTION:***

- 1)  **Lump-Sum Payment**
- 2)  **Leave Account Balance with Miramar Police Pension Fund**
- 3)  **Monthly Installments**

Paid over my lifetime or until my Balance is exhausted. The Fund's actuary, as well as all future allocations of earnings or losses on the remaining balances as of each quarter will determine the amount of my monthly installments.

\$ \_\_\_\_\_ per month

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I understand that if I choose to leave my balance with the City of Miramar Management Retirement Plan that my original investment election continues until such time as I elect to withdraw any and all fund balances.

I certify that I am electing the form of benefit marked above. This election revokes any prior election that I have made.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(RETIREE'S SIGNATURE)

\_\_\_\_\_  
NOTARY PUBLIC, State of \_\_\_\_\_ at Large