

Austin Police Retirement System – Deferred Retirement Option Plan  
**DISTRIBUTION ELECTION FORM**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Address: \_\_\_\_\_  
Street City State Zip

I understand that all distributions from a DROP account (that have not been previously taxed) are subject to a mandatory twenty percent (20%) withholding for federal income tax; unless the withdrawal is transferred directly by the Fund to an Individual Retirement Account (IRA), an Individual Retirement Annuity, or a Qualified Trust.

I understand that no DROP distribution shall be made to any participant who has not attained age fifty-nine and one-half (59 1/2) at the time of distribution unless either,

- a. the participant had attained age fifty (50) prior to or during the calendar year of terminating covered employment (age 55 if the participant was an employee of the System); or
- b. the distribution is made in the form of a rollover to an individual retirement account.

I understand that, to the extent permissible under federal tax laws, payment of a DROP benefit will be in the following form:

- a. a single payment distribution made at a time selected by the DROP participant, but not later than 60 days after the last day of the month immediately following the retirement date, or April 1 of the year after the participant attains 70-1/2 years of age.

*Please choose one of the following:*

\_\_\_\_\_ **ROLLOVER**, I choose to have all my lump sum drop account balance rolled over into an eligible Qualified Plan or IRA. No federal income tax will be held. *(The name and address of the plan/IRA is completed below.)*

\_\_\_\_\_ **ROLLOVER / PARTIAL DISTRIBUTION**, I choose to have my taxable lump sum drop account balance rolled over into an eligible Qualified Plan or IRA. No federal income tax will be held. *(The name and address of the plan/IRA is completed below.)* I choose to have \$ \_\_\_\_\_ of my non-taxable lump sum account balance paid to me. **(No income tax will be held.)**

\_\_\_\_\_ **LUMP SUM DIRECT DISTRIBUTION TO PARTICIPANT**, I choose to have my complete lump sum made payable to me. Please withhold 20% for federal income tax. *(only members fifty (50) years of age or older are eligible)*

*For transfer to IRA or qualified plan:*

Name of IRA or plan and Account No.: \_\_\_\_\_.

Address: (Street, City, State, Zip) \_\_\_\_\_.

\_\_\_\_\_  
DROP Participant's Signature

\_\_\_\_\_  
Date of Signature

SWORN AND SUBSCRIBED TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*NOTARY*

Notary Public in and for \_\_\_\_\_ County, Texas