



Ohio Police & Fire Pension Fund  
 140 East Town Street  
 Columbus, OH 43215  
 Phone: 1-888-864-8363  
 Fax: (614) 628-1777  
[www.op-f.org](http://www.op-f.org)

## ELECTION TO ENROLL IN DROP (Deferred Retirement Option Plan)

Please print in ink or type all entries except signatures. To apply for DROP, you must submit this completed and notarized form to OP&F. OP&F will acknowledge receipt of your application within 10 business days of receipt. Please note that filing this form does not guarantee DROP participation. All applications will be subject to a determination of eligibility by OP&F. Since OP&F will audit your service credit, you will be notified as to whether or not you meet the DROP eligibility requirements. OP&F will not accept this form if it is incomplete or the signatures have been faxed, photocopied or scanned. Both pages of this form must be on file with OP&F and contain original signatures. For more information on eligibility, enrollment, taxation of benefits and other DROP guidelines, please refer to the *Members' Guide to DROP*.

### Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)	<input type="checkbox"/> Police officer <input type="checkbox"/> Male <input type="checkbox"/> Firefighter <input type="checkbox"/> Female	Social Security number <div style="border: 1px solid black; display: flex; justify-content: space-around; height: 20px; width: 100%;"></div>
Street Address / Post office box		Date of Birth <div style="border: 1px solid black; display: flex; justify-content: space-around; height: 20px; width: 100%;"></div>
City, State, ZIP code		
Home phone <input type="checkbox"/> New	Alternate phone <input type="checkbox"/> New	Email address <input type="checkbox"/> New
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but previously divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Marriage date / Divorce date

### Section B: Annuity payment plan selection

You have the option to select an annuity payment plan and beneficiary for your service retirement benefits at the time you elect to participate in DROP. If you make an annuity plan selection, you cannot change it upon your retirement, unless a court order requires you to designate a former spouse as a beneficiary. If you do not select an annuity plan on this *Election to Enroll in DROP* form, it must be done at the time of your retirement.

As a DROP participant, you automatically qualify for a Pre-Retirement Survivor Annuity (PRSA) that continues 50 percent of your reduced monthly retirement allowance to your surviving spouse or approved contingent dependent beneficiary for life if you die while a DROP participant. If you indicate below on this *Election to Enroll in DROP* form that you do not wish to select a payment plan, you automatically qualify for this benefit and your monthly retirement benefit credited to DROP will not be reduced during active DROP participation.

If you select a Joint and Survivor Annuity (JSA) plan upon electing DROP, the monthly benefit credited to DROP will be reduced accordingly and you cannot change that selection upon retirement, unless a court order requires the designation of a former spouse. By selecting a JSA, you designate that, upon your death, a percentage of your reduced monthly allowance is continued to your surviving designated beneficiary for life.

**Please choose whether or not you want to select an annuity payment plan for your service retirement by checking the box next to your selection below.**

- I DO NOT** want to select an annuity payment plan at this time
- I want to select an annuity payment plan.** To select an annuity payment plan, download OP&F's *Annuity Payment Plan Selection form* at [www.op-f.org](http://www.op-f.org), or request the form from Customer Service by calling 1-888-864-8363.

### Section C: Member signature and acknowledgement

I hereby voluntarily make an election for OP&F's Deferred Retirement Option Plan (DROP) and consent to the establishment of a DROP accrual according to the terms and conditions of OP&F's governing law and administrative rules. I am aware of the taxation of DROP benefits and the other implications of a DROP election. In addition, I have been advised by OP&F to seek financial, legal and tax advice from a professional prior to submitting this election.

I understand that my election is irrevocable, with limited statutory exceptions, if OP&F does not receive written notice from me within 30 days after OP&F receives this election form or 30 days after a written notice from OP&F indicating that the actual pension amount to be credited to DROP is 10 percent lower than the last written estimate prepared by OP&F, if applicable. I also agree that I have waived my right to purchase additional service credit as my pension will be calculated based on my average annual salary and service credit earned according to the laws and rules in place at the time of my DROP election. If I selected an annuity payment plan upon DROP entry my actual retirement will be reduced accordingly and my retirement benefit will be further reduced for any court-ordered designations.

I understand that my DROP participation will end upon: termination of my employment (including retirement); acceptance of an OP&F disability grant; death; or continuing to work more than eight years after my DROP effective date. I cannot receive a distribution from my DROP accrual until I have terminated the program and five full years have elapsed from my DROP effective date. Furthermore, I understand that I will forfeit my DROP benefits if I accept an OP&F disability grant or continue to work more than eight years after my DROP effective date.

Signature:

Date of signature:

### Section D: Notary public requirement for member signature and acknowledgement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing *Election to Enroll in Deferred Retirement Option Plan (DROP)* was acknowledged before me by the member named in the foregoing Section A, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal here

Notary's signature:

Print name:

My commission expires: