

DEPARTMENT OF FIRE & POLICE PENSIONS – CITY OF LOS ANGELES
360 EAST 2ND STREET, SUITE 400
LOS ANGELES, CA 90012
TELEPHONE: (213) 978-4568

DROP Distribution Election Form (Rollover)

I hereby elect to have my DROP account distributed to me as follows (initial one of the following unless you want to receive the entire amount of your DROP account as a lump sum payment):

_____ **DIRECT ROLLOVER OF THE ENTIRE TAXABLE PORTION OF MY DROP ACCOUNT**

_____ **PARTIAL ROLLOVER OF THE TAXABLE PORTION OF MY DROP ACCOUNT. Please rollover \$ _____ of the taxable portion of my drop account.**

(If you select this option, you need to also complete an election form for direct lump sum payment of the balance in your DROP account.)

I understand that by electing a rollover, and within ninety days (90) from the date the member exits DROP, I must supply the Fire & Police Pension Department with the necessary information regarding the financial institution receiving the eligible rollover distribution. I understand that it is my responsibility to complete the Rollover Information Form contained on page 5, have the financial institution receiving my rollover distribution complete their part of this form, and return the completed form to the Fire & Police Pension Department within 90 days from the date I exit DROP. **The Department of Fire and Police Pensions is not responsible and will not check to see if this information is correct.** I am responsible for providing accurate information.

PRINT YOUR NAME

SOCIAL SECURITY NO.

ADDRESS

CITY

STATE AND ZIP CODE

Exit Date from DROP: _____

PHONE # _____

I understand that I have the right to consider my election options for 30 days before making the above distribution election. I also understand that I am waiving this right if I sign below within 30 days of receiving this form.

Signature: _____

Date: _____

Witness: _____

Administrative Staff Member

(If not witnessed by staff, signature must be notarized—attach notary form.)

