MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

ELECTION TO TERMINATE PARTICIPATION DEFERRED RETIREMENT OPTION PROGRAM (DROP) LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)

RETIREMENT USE ONLY **FORM 505.2 (Rev. 9/10)**

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Benefits Counselor at 410-625-5555 or toll free 1-800-492-5909 (toll-free) for assistance.

SOCIAL SECURITY NUMBER ___ - __ - ____

Gender (M or F)

DATE OF BIRTH
Month Day Year

NAME
First Initial Last

HOME ADDRESS
Number and Street Apartment/Suite

MISCELLANEOUS

City MD County State Zip Code -

Country Foreign Zip E-mail Address (Optional)

C/O ( ) Home Phone ( ) Work Phone ( ) Fax Number

Pursuant to State Personnel and Pensions Article, § 26-401.1 (g) (4), I hereby elect to voluntarily terminate my participation in the Deferred Retirement Option Program (D.R.O.P.).

I have completed the following forms:

1. Form 505 Withdrawal of DROP Account
2. Form 746 Safe Harbor Notice & Election
3. Form 193 Trustee-to-Trustee Distribution Form (if applicable)

I understand that my election to terminate my participation from the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the D.R.O.P. and hereby elect to terminate my participation from the Deferred Retirement Option Program effective _____.

Signature of DROP Participant

Designee's Signature

Date Signed

Agency Name