

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

**BINDING LETTER OF RESIGNATION
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
STATE POLICE RETIREMENT SYSTEM**

FOR RETIREMENT USE ONLY

FORM 506 (REV. 9/10)

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

SOCIAL SECURITY NUMBER

____-____-____

Gender
M or F

Date of Birth
MO DAY YEAR

NAME

____ MI ____ Last

HOME ADDRESS

____ Apartment/Suite

Number and Street

MISCELLANEOUS

City MD County State Zip Code -

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

Pursuant to State Personnel and Pension Article, §24-401.1 (e) (1) (i) 4, I hereby elect to participate in the Deferred Retirement Option Program (DROP). I have completed the following forms as a requirement of participation:

1. Form 756 Application for the Deferred Retirement Option Program
2. Form 14-24 Application for Service Retirement
3. Form 746 Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election

I will begin participation in the Deferred Retirement Option Program (DROP) effective _____. My DROP termination date will be _____.

I understand that my election to participate in the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the DROP and fully accept these conditions by signing and submitting this Binding Letter of Resignation.

Signature of DROP Participant

Designee's Signature

Date Signed

Agency Name