

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

**BINDING LETTER OF RESIGNATION  
DEFERRED RETIREMENT OPTION PROGRAM (DROP)  
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)**

FOR RETIREMENT USE ONLY FORM 507 (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

**MISCELLANEOUS**

\_\_\_\_

\_\_\_\_ City MD County State Zip Code

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

Pursuant to State Personnel and Pension Article, §26-401.1 (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 504 Application for the Deferred Retirement Option Program
- 2. Form 98-101 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