

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

ELECTION TO TERMINATE PARTICIPATION
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
STATE POLICE RETIREMENT SYSTEM

FOR RETIREMENT USE ONLY FORM 757.2 (Rev. 9/10)

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

SOCIAL SECURITY NUMBER --

DATE OF BIRTH / /

Gender (M or F)

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, § 24-401.1 (g) (5), 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 757 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