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# DEFERRED RETIREMENT OPTION PLAN (DROP)
# PARTICIPATION PERIOD COMPLETED/CONTINUED SERVICE

**Check One:**
☐ ERS
☐ TRS

**Retirement Systems of Alabama**
**P. O. Box 302150 ♦ Montgomery, AL 36130-2150**
**334-517-7000 or 877-517-0020**
**www.rsa-al.gov**

**Name:** _____ **Social Security No.:** ___-___-___
First Middle Last

**Employing School System or Agency:** _____

**Requested Effective Date of DROP Termination:** _____ **Phone No.:** _____
(must be last day of month)

**I. ☐ I will continue to be employed on a full-time basis after DROP termination.**

**II. Signature of Applicant:** _____

**Notarization:** STATE OF ALABAMA, COUNTY OF _____. On this _____day of _____, 20_____, personally appeared before me, the above-named _____ and made oath that the statements made are true.

Signature of Notary Public _____

My Commission Expires _____

**III. Employer Certification**

1. Last date of service prior to DROP termination date _____

2. Closing date of last payroll for salary earned prior to DROP termination date _____

3. Accrued Sick Leave Certification:

   Total accrued unused sick leave days at the end of DROP participation period _____

4. Signature of Authorized Official _____ Date _____

   Employing Institution _____

   Employer Phone Number (_____) _____

**Note: Your DROP account funds will not be available to you until you terminate employment.**