



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

***EMPLOYEES' RETIREMENT SYSTEM
APPLICATION FOR DISCONTINUED RETIREMENT SERVICE PROGRAM (DRSP)
FOR ELIGIBLE MEMBERS OF GROUP F***

In accordance with the provisions of Section 33-38A of the Montgomery County Retirement Law, I hereby make application for participation in the Discontinued Retirement Service Program. In making this application, I acknowledge the following:

- I have been provided with the Summary Plan Document communicating this plan and fully understand the conditions of my participation in this program.
- I have at least 25 years credited service and am at least age 46 years old.
- I am submitting this application to Montgomery County Employee Retirement Plans, 15th Floor, EOB at least 60 days and no more than 90 days before the date I am electing to participate, which date is the first of a month.
- I understand that the maximum participation in the program is three years and that if I elect to stop participating before the end of the 36 month period, I must notify the Montgomery County Retirement Plans and Police Personnel at least 60 days before stopping participation in the program.
- I understand that at to enter DRSP, I must elect an irrevocable retirement pension payment option that cannot be changed.
- I understand that I need to contact Fidelity at (800) 343-0860 to select the investment option(s).
- I understand that if I do not contact Fidelity, Fidelity will assign me a default Freedom Fund based on my age and years until age 62.
- I understand that, upon entering DRSP, I must elect an irrevocable payment option for the distribution of my DRSP account.
- I understand that my accrued sick leave in excess of 80 hours will be credited toward my monthly benefit while participating in DRSP.
- I understand that I may withdraw this pending application within two weeks of submitting it.
- I understand that when my participation in the DRSP ends, I must stop working for the County and receive a pension benefit.

I request that my DRSP participation become effective on _____, which is at least 60 days and not more than 90 days after the date this application is made.

Employee Name (Print)

Social Security Number

Employee Signature

Date

MCERP Date Received: _____	Ret Code: <u>FK</u>	04/14
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MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

DISCONTINUED RETIREMENT SERVICE PROGRAM (DRSP)

AT DRSP ENTRY- DISTRIBUTION PAYMENT OPTION ELECTION FORM FOR ELIGIBLE GROUP F MEMBERS OF THE EMPLOYEES' RETIREMENT SYSTEM OF MONTGOMERY COUNTY

In accordance with Section 33-38A(a)(9) of the Montgomery County Retirement Law, I am electing the following distribution option prior to my participation in the DSRP:

_____ Cash Option – At DRSP exit, you will choose between rollover to an eligible retirement plan, receipt of a lump sum or a combination of the two.

OR

_____ Annuity – At DRSP exit, you will receive an additional lifetime monthly benefit paid from the ERS which will be calculated based on the value of your account balance when you exit DRSP.

I understand that this election is irrevocable and that I am encouraged to seek the advice of a professional tax advisor or financial consultant. I further understand that my DSRP account must be closed within 60 days of my exiting the program.

Employee Name (Print)

SSN

Employee Signature

Date

MCERP Date Received: _____

Ret Code: _____ FK _____

04/14

Montgomery County Employee Retirement Plans

101 Monroe Street, 15th Floor • Rockville, Maryland 20850
Investments 240.777.8220 Benefits 240.777.8230 Fax 301.279.1424



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS
EMPLOYEES' RETIREMENT SYSTEM
Application for Retirement

NAME SSN
ADDRESS DATE OF BIRTH
EMAIL ADDRESS
PHONE NUMBER

I hereby elect to retire effective and certify that the information indicated on this form is correct. I elect to receive my benefit in the option noted below:

BENEFIT PAYMENT OPTIONS: Please refer to the Summary Plan Description for your retirement plan for a description of the options listed below. You can obtain the Summary Plan description at www.montgomerycountymd.gov/retirement or by calling 240-777-8230.

- Modified Cash Refund Annuity
Ten Year Certain and Continuous
Joint and Survivor Annuity (100%, 70%, 50%, 30%, 20%)
Joint and Survivor Pop-Up Annuity (100%, 70%, 50%, 30%, 20%)
Social Security Adjustment (age 62, age 65)
Social Security Adjustment Combined with Joint and Survivor (age 62, age 65; 100%, 70%, 50%, 30%, 20%)
Social Security Adjustment Combined with Joint and Survivor Pop Up Annuity (age 62, age 65; 100%, 70%, 50%, 30%, 20%)

The payment option elected, as well as the designated Joint Annuitant (if applicable), cannot be changed after the first retirement payment has been made except in the case of a subsequent Disability Retirement award.

I elect as my Joint Annuitant (name), (SSN)

(date of birth)

- Proof of Age submitted for Spouse/Domestic Partner annuitant
Proof of Marriage submitted
Domestic Partner Affidavit submitted
Social Security Card
Proof of Birth Certificate (for child annuitant)

Participant's Signature Date

MCERP Date Received: Ret Code: 04/13