



4. Type of Retirement For Which You Are Applying (check one):

\_\_\_\_\_ Normal Retirement

\_\_\_\_\_ Early Retirement

5. I Plan to Separate From Employment on: \_\_\_\_\_

(NOTE: Within ninety (90) days after the end of any calendar quarter following the termination of a Participant's employment, the balance in the Participant's DROP account shall be payable at the Participant's option:

(A) - a single lump payment or

(B) - a direct rollover to an individual retirement account (IRA) or other eligible plan.

**NOTE: Your DROP account will earn interest at the same rate as the net investment earnings of the pension plan. As the net investment earnings of the plan are adjusted up or down during your DROP participation, your interest rate credit will be adjusted up or down accordingly. Account balances will be adjusted quarterly basis only.**

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this application. This application revokes any prior applications.

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Employee's Signature)

Date: \_\_\_\_\_