



**COLORADO SPRINGS NEW HIRE PLAN
 TERMINATION OF DROP PARTICIPATION**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	(____)____-_____
Mailing Address	Apt #	Home Phone Number
_____	_____	_____
City	State	Zip
____-____-____	_____	
Social Security Number	City / Department	

I, (please print) _____, hereby terminate my participation in the Colorado Springs New Hire Plan Deferred Retirement Option Plan (DROP) effective ____ / ____ / ____.

PLEASE SEEK QUALIFIED TAX ADVICE FROM YOUR TAX ADVISOR AND/OR FINANCIAL PLANNER BEFORE COMPLETING THE ELECTION AND TAX FORMS.

✓ If you have questions concerning your account balance, tax withholding rules, direct deposit, etc., please call FPPA at (303) 770-3772 in the Denver Metro area or (800) 332-3772 toll free nationwide.

Your monthly pension benefit and distributions from your DROP, SRA and 457 Deferred Compensation, if applicable, will be paid separately.

Effective in the month following the month you terminate active participation in the DROP plan, you will begin receiving your monthly benefit from the Colorado Springs New Hire Plan. The amount you will receive was determined as of the date you elected to enter the DROP plan and is based on your pension benefit and the payment option you selected.

Please refer to the instructions in the *Termination Packet* for additional information.

 Participant's Signature

_____/_____/_____
 Date

 Signature of Authorized Employer Representative

_____/_____/_____
 Title Date