

**NOTIFICATION OF REVERSE
DROP BENEFITS AND ELECTION**

PAYABLE TO: _____
(Name of Member)

DATE FIRST REVERSE DROP BENEFIT CREDITED: _____ / ____ / ____ DATE LAST REVERSE DROP BENEFIT CREDITED: _____ / ____ / ____

TYPE OF BENEFIT: Reverse Deferred Retirement Option Plan

BENEFITS UNDER ARIZONA CORRECTIONS OFFICER RETIREMENT PLAN:

Monthly benefit credited to the REVERSE DROP account or monthly pension payable to member: \$ _____

The Local Retirement Board has met on _____ and determined that the applicant above is eligible for REVERSE DROP and the REVERSE DROP credit as shown above:
(date)

Name of Board

Signature of Board Chairman or Secretary

ELECTION AND ACCEPTANCE BY MEMBER

(Initial line below)

I ELECT TO ACCEPT the REVERSE Deferred Retirement Option Plan credit as determined under above, representing the REVERSE DROP benefits payable to me under the Corrections Officer Retirement Plan.

I UNDERSTAND that this election to receive REVERSE DROP credits pursuant to this document and under the CORP may not be revoked and is binding upon me or any beneficiary or survivor unless otherwise provided by law.

Date

Signature of Member

Signature of Witness