



KP&F-15DROP Rev. 6/21

## APPLICATION FOR KP&F DEFERRED RETIREMENT OPTION PROGRAM (DROP)

For security reasons, do not submit application by email.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638  
**email:** kpers@kspers.gov • **web site:** kspers.gov • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

### ■ Part A – Member Information

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Name (First, MI, Last): \_\_\_\_\_
3. Telephone Number: (\_\_\_\_) \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Personal Email: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_

**Important:** The Retirement System must have this application before the DROP commitment date you selected. You are also required to submit proof of age and all name changes. Please see “Acceptable Proof of Birth and Name Change” for details. To retain your selected DROP commitment date, you may submit this application without the required documentation. However, you must provide the documentation before the Retirement System can begin monthly DROP deposits.

### ■ Part B – DROP Commitment – You must indicate the start date and duration of the DROP.

1. Selected Irrevocable Start Date (must be first day of a month): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Duration of DROP Commitment: ☐ 3 Years ☐ 4 Years ☐ 5 Years

**Optional:** You can name separate beneficiaries for your DROP account by completing a Designation of Beneficiary – DROP (KP&F-7/99DROP) form.

### ■ Part C – Employer Acknowledgement – This section must be completed and signed by your appointing authority and designated agent.

I am aware the member is electing the DROP option beginning on the date indicated and for the duration selected.

1. Name/Title of Appointing Authority: \_\_\_\_\_
2. Appointing Authority Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Designated Agent Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ■ Part D – Retirement Benefit Options – Review the separate publication *Retirement Options* for details about each option. Select **one** of the seven monthly benefit options shown below. Mark the box corresponding to the retirement option of your choice, then complete any additional areas indicated. Kansas law does not allow you to change this option after your DROP commitment date.

#### Maximum Monthly Benefit Option

1. ☐ Maximum Monthly Benefit (**with no survivor benefit**)

#### Joint-Survivor Options

2. ☐ 50% Joint-Survivor Benefit
3. ☐ 75% Joint-Survivor Benefit
4. ☐ 100% Joint-Survivor Benefit

If you chose a joint-survivor option, complete all information for your joint annuitant below. You must provide proof of age and all name changes for your joint annuitant. **Your joint annuitant cannot be changed later.**

- a. Name (First, MI, Last): \_\_\_\_\_
- b. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- c. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- d. ☐ Male ☐ Female

#### Life-Certain Options

5. ☐ 5-Year Life-Certain Option
6. ☐ 10-Year Life-Certain Option
7. ☐ 15-Year Life-Certain Option

If you choose a life-certain option, benefits will be paid to the most recent beneficiary on file. You can change beneficiaries at any time by completing a new Designation of Beneficiary (KPERS-7/99) form.

(more)

## ■ Part E – Member Statement and Signature

**Note:** This section must be completed regardless of which retirement payment option you chose.

1. I certify that I am: ☐ Married ☐ Not Married

"By signing below, I confirm my election to participate in the DROP, and I understand that this election is irrevocable. I certify that I understand the DROP provisions, and I am confirming that the information provided on this form is true to the best of my knowledge. I am also confirming my marital status and the retirement benefit option selected. I understand the selected retirement benefit option is irrevocable."

Member Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Public:** State of \_\_\_\_\_ County of \_\_\_\_\_  
Signed or attested before me on (date) \_\_\_\_\_ by (name of person) \_\_\_\_\_  
Notary Public Signature: \_\_\_\_\_ My appointment expires (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(SEAL)

## ■ Part F – Spousal Consent to Member's Retirement Benefit Selection

**Note:** Kansas law requires spousal consent if you select any retirement benefit option that would provide less than one-half of your monthly retirement benefit to your spouse if you die. This section must be completed by your spouse if you are married and chose the Maximum Monthly Benefit or any Life-Certain Option.

1. Spouse Name (First, MI, Last): \_\_\_\_\_

"I hereby attest that I am the spouse of the above-named member. I further attest that I understand and agree with the retirement benefit option selected by my spouse."

Spouse Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Public:** State of \_\_\_\_\_ County of \_\_\_\_\_  
Signed or attested before me on (date) \_\_\_\_\_ by (name of person) \_\_\_\_\_  
Notary Public Signature: \_\_\_\_\_ My appointment expires (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(SEAL)

## Steps in the DROP Process

1. Request a retirement benefit estimate through your designated agent.
2. Review our *Retirement Options* publication to consider your payment options.
3. Submit your DROP application at least 30 days before the day you want the DROP to begin.
4. Documents you will need to provide:
  - Proof of birth to establish age
  - Proof of all name changes since birth
  - Proof of birth and all name changes since birth for your joint annuitant if you choose a joint-survivor option

See the list of acceptable birth and name change documents below. KPERS accepts faxed or photocopied documents as long as the documents have not been altered in any way. Court documents must be certified.

5. The Retirement System will process your DROP application. We will notify you if we need more information.
6. The Retirement System will mail a letter to your home address including information about your DROP benefit amount.

## Acceptable Proof of Birth and Name Change

### ***Proof of Birth***

A photocopy of one of the following:

1. Birth certification
2. Baptismal certificate or statement as to the date of birth shown by a church record, certified by the record's custodian
3. Notification of registration of birth in a public registry of vital statistics
4. Certification or record of age by the U.S. Census Bureau
5. Hospital birth record, certified by the record's custodian
6. Foreign church or government record
7. Signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records
8. Naturalization record
9. Immigration papers

If you are unable to provide proof of birth according to 1-9 above, submit a photocopy of **two** of the following documents:

10. Military record
11. Passport
12. School record, certified by the custodian of the record
13. Vaccination record, certified by the custodian of the record
14. Insurance policy application that shows the age or date of birth
15. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of the record or marriage certificate)
16. Other evidence such as signed statements from persons who have knowledge of the date of birth

### ***Proof of Name Change***

A photocopy of one of the following:

1. Marriage or other court records showing birth name and present name
2. Driver's license
3. Name Change Affidavit (KPERS-40NC) or other affidavit from a parent listing all name changes
4. Request for Member Information Change form (KPERS-12) signed and submitted to KPERS by designated agent at the time of the name change will be acceptable for name changes occurring during employment
5. Federal Employment Eligibility Verification form (I-9)
6. Social Security card

If you are unable to provide proof of name change according to 1-6 above, submit a photocopy of **two** of the following documents:

7. Name Change Affidavit (KPERS-40NC) or other affidavit from two persons declaring that the persons have known the applicant by all names in question
8. Birth documents of natural child if document shows both the given name and the married name
9. Other documents showing both names in question, such as school records, medical records, insurance policy application, etc.

# Instructions for DROP Application

## ■ General Information

- Complete all pages of this application.
- Feel free to detach the pages for easier completion.
- Sign and date the completed application and have it notarized where indicated.
- Your employer's designated agent must sign the application.
- Mail the completed application and necessary documents to KPERS at least 30 days before the DROP start date you select.
- Once KPERS receives your application, we will review it and send an acknowledgement letter to you and your employer.

## ■ Part A – Member Information

- 1-2. Enter your name and Social Security number. This number *must* agree with the number your employer has on file.
- 3-5. Enter the indicated personal information. Enter the mailing address to which the Retirement System should direct all communications on your behalf.

## ■ Part B – DROP Commitment

1. Enter the date you've selected as your DROP start date. This date is irrevocable and must be the first day of a future month.
2. Mark the corresponding box to indicate the duration of time you wish to participate in the DROP.

**Important:** The Retirement System must receive this application before your selected DROP start date.

## ■ Part C – Employer Acknowledgement

1. The employer's appointing authority and designated agent must sign and date to indicate the employer is aware of your intent to participate in the DROP.

## ■ Part D – Retirement Benefit Options

**Important:** Before choosing one of the seven benefit options, please review the separate *Retirement Options* publication for details about each option. Kansas law does not allow you to change this option after your DROP date.

1. Mark this box to choose the Maximum Monthly Benefit with no survivor benefits.

2-4. Mark the corresponding box (#2, #3 or #4) to choose a Joint-Survivor Option. Complete all information for your joint annuitant. You will need to provide proof of age and all name changes for your joint annuitant. Your joint annuitant cannot be changed later.

5-7. Mark the corresponding box (#5, #6 or #7) to choose a Life-Certain Option. You can change beneficiaries at any time by completing a Designation of Beneficiary (KPERS-7/99) form.

## ■ Part E – Member Statement and Signature

**Important:** This section must be completed regardless of which retirement benefit option you choose.

1. Mark the corresponding box to indicate your marital status.
2. Read and understand the statement, then sign and date the form. By signing, you acknowledge that you wish to participate in DROP, and understand that this election is irrevocable. You are confirming that all of the information you have provided on these forms is correct to the best of your knowledge. You are also certifying your marital status and retirement benefit option. Your signature must be notarized.

## ■ Part F – Spousal Consent to Member's Retirement Benefit Selection

**Important:** Kansas law requires spousal consent if you select any retirement benefit option that would provide less than one-half of your monthly retirement benefit to your spouse if you die. This section must be completed by your spouse if you are married and chose the Maximum Monthly Benefit or any Life-Certain Option

1. Spouse prints his/her name.
2. Spouse needs to read and understand the statement.
3. Spouse signs and dates the form to attest that he/she is the spouse of the member and that he/she understands and agrees with the retirement option the member chose. Spouse's signature must be notarized.