



KP&F-15DROPEXT Rev. 8/21

APPLICATION TO EXTEND 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@kpers.org • **web site:** kpers.org • **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: _____

Part B – DROP Commitment Extension– You can extend your DROP commitment up to the 5-year maximum.

- 1. Duration of DROP Commitment Extension: 2 Years 1 Year

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

I am aware the member is extending the DROP option 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 – Member Statement and Signature

“By signing below, I confirm my election to extend participation 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.”

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)

Instructions for DROP Extension Application

■ General Information

- 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 30 days before the original DROP end date you selected.
- 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 duration you wish to extend your DROP commitment. The maximum is five years, including your original DROP duration.

■ Part C – Employer Acknowledgement

- 1-3. The employer's appointing authority and designated agent must sign and date to indicate the employer is aware of your intent to extend participation in the DROP.

■ Part D – Member Statement and Signature

1. Read and understand the statement, then sign and date the form. By signing, you acknowledge that you wish to extend participation in the DROP, and understand that this election is irrevocable. You are confirming that all of the information provided on this form is correct to the best of your knowledge. Your signature must be notarized.