

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM
7722 OFFICE PARK BOULEVARD, SUITE 200
BATON ROUGE, LA 70809-7601
PH (225) 929-7411 OR TOLL FREE (800) 443-4248 FAX (225) 929-6542

SPOUSE'S APPROVAL OF DROP BENEFICIARY DESIGNATION

Internal Revenue Code Section 417(a)(2)(A) requires that a retiree's spouse be designated to receive at least 50% of the balance remaining in the retiree's DROP account at the time of his/her death. The retiree may choose to name another person(s) as DROP beneficiary(ies) if the spouse agrees with this choice and signs the following affidavit in the presence of a notary public.

AFFIDAVIT

State of _____

Parish/County of _____

Before me, the undersigned authority, personally came and appeared _____, who upon being first duly sworn, did depose and state as follows:

I understand and acknowledge that by designation of the person(s) named as DROP beneficiary(ies) on the Application for Deferred Retirement Option Plan my spouse has elected not to leave me at least 50% of his remaining DROP balance at the time of his death and I consent to such election. I understand and acknowledge that by this consent I give up my right to receive at least 50% of my spouse's DROP balance should I survive my spouse.

Retiree's Name

Affiant's Signature (Spouse of Retiree)

Retiree's Social Security Number

Spouse's Social Security Number

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the parish/county and state aforesaid, this _____ day of _____, _____.

Notary Public