

**MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM
OF LOUISIANA**

7937 Office Park Boulevard
Baton Rouge, Louisiana 70809
225-925-4810 or 800-820-1137

Date: _____

Board of Trustees
Municipal Employees' Retirement System of Louisiana
7937 Office Park Boulevard
Baton Rouge, Louisiana 70809

Re: DROP Participation

Dear Board of Trustees:

This is to inform you that I have had the provisions of the Deferred Retirement Option Plan (DROP) explained to me to my satisfaction and that I fully understand those provisions.

Accordingly, I hereby make application to participate in the Deferred Retirement Option Plan for _____ months effective on the first day of _____.

Sincerely,

Applicant's Signature

Applicant's Social Security Number

Applicant's Employer