Hardship DROP Distribution Request

Last 4 digits of SS#	
Date	



I hereby request the following hardship distribution in respect of my DROP annuity. I understand that I have 7 days from the date of this election form to change or revoke this request with the Pension System, otherwise my request will take effect as soon as approved under the DROP Policy and as administratively feasible. I further understand that, if a hardship distribution is granted, my DROP annuity will be adjusted as provided for in the DROP Policy.

	ther understand that, if a hardship distribution in the DROP Policy.	stribution is granted, my DROP annuity will be	adjusted
Hardsl	hip distribution in the net of tax amou	unt of \$	
	Eligible Circums	stance (check all that apply)	
_	s to primary residence not covered by in cant event □	surance and the result of a natural disaster or	
Repairs physici		determined to be medically necessary by a	
Uninsu costs)		clude nonrefundable deductibles and prescription	
Funera	l Expenses □		
	similar extraordinary and unforeseeable atrol of the Retiree Annuitant	circumstances arising as a result of events beyond	
or obligations re	esulting from a prior payment of the		
Signature:		Date	
Printed name: SUBSCRIBED	O AND SWORN TO BEFORE ME, 1	the undersigned authority on this the	
	day of	_, A.D., 20	
		Notary Public In and For	
			County
		Return to: Dallas Police & Fire Pension System 4100 Harry Hines Blvd., Suite 100 Dallas, Texas 75219	