



HMEPS
HOUSTON MUNICIPAL EMPLOYEES PENSION SYSTEM

REQUEST FOR DROP DISTRIBUTION ELECTION/BENEFICIARY DESIGNATION FORM

Name (First, Middle, Last)		Social Security Number	City ID
Address	City, State, ZIP		Department
Home Email Address		Daytime phone number	

I request the following:

DROP Distribution Election Form - this form is for a retired DROP participant who wishes to take a distribution from his or her DROP account and who has not previously elected periodic payments.

DROP Beneficiary Designation Form - this form is for any DROP participant (active or retired) who has a DROP balance and who wishes to add, change or modify a beneficiary for the DROP balance in the event of the DROP participant's death prior to full distribution of the DROP account.

Signature

Date

Upon completion of this Request, submit this Request directly to the Houston Municipal Employees Pension System. Do not return this Request to your department. HMEPS will initiate further processing.

**Houston Municipal Employees Pension System
1201 Louisiana, Suite 900
Houston, Texas 77002
713-595-0100
fax: 713-650-1961**

