

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Employee ID Number]

[Date]

[Retirement System Name]  
[Benefits Department Address]  
[City, State, Zip Code]

**RE: Beneficiary Designation for Deferred Retirement Option Plan (DROP)**

To the Retirement Administrator,

I am writing to formally designate the beneficiaries for my Deferred Retirement Option Plan (DROP) account balance in the event of my death. This designation supersedes any prior beneficiary elections made for this specific plan.

**Primary Beneficiary:**

- Full Name: [Name]
- Relationship: [Relationship]
- Social Security Number: [SSN]
- Address: [Address]
- Percentage: [Percentage]%

**Contingent Beneficiary:**

- Full Name: [Name]
- Relationship: [Relationship]
- Social Security Number: [SSN]
- Address: [Address]
- Percentage: [Percentage]%

Please update my records accordingly and provide written confirmation that this designation has been processed. If there are specific internal forms required to finalize this request, please send them to my address listed above.

Thank you for your assistance.

Sincerely,

[Signature]  
[Printed Name]