

**NOTE: YOU MAY ONLY REVOKE YOUR ELECTION TO PARTICIPATE IN  
DROP UNTIL THE DAY BEFORE THE EFFECTIVE DATE OF YOUR DROP  
PARTICIPATION**

**CHARLES COUNTY SHERIFF'S OFFICE RETIREMENT PLAN**

**REVOCATION OF  
ELECTION TO PARTICIPATE IN DEFERRED RETIREMENT  
OPTION PROGRAM**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I elected to begin participation in the Charles County Sheriff's Office Retirement  
Plan Deferred Retirement Option Program on \_\_\_\_\_

[Insert elected DROP participation date]

I hereby revoke my election to begin participation in DROP.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_

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Verified by DROP Coordinator: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature of DROP Coordinator: \_\_\_\_\_