

**State University System Optional Retirement Program (SUSORP)
Application for Retirement and Retirement Distribution**

Division of Retirement – OAP/ORP Section
PO Box 9000
Tallahassee, Florida 32315-9000
Phone: 850-778-4696 Toll-free: 877-378-7677 FAX: 850-410-2030
Email: orpdata@dms.MyFlorida.com

A. When to use Form ORP-RETIRE:

This form is an **application for retirement under the SUSORP** and to request authorization for retirement distribution(s) from your SUSORP account. The distribution you are requesting includes required employer and employee contributions, any voluntary employee contributions in your account, and earnings on these contributions. A distribution includes, but is not limited to, a rollover to another retirement account, a direct payment to you, receiving an annuity purchased through your provider company, or any combination of these options. Once you take a distribution from your SUSORP account, you are considered a RETIREE and are subject to certain termination requirements and reemployment limitations during the first 12 calendar months following your initial retirement distribution date as provided in Subsection 121.091(9), F.S. **As a RETIREE, you are not eligible to participate in any state-administered retirement program in Florida if you return to Florida Retirement System (FRS)-covered employment.**

- Do not use this form for contract exchanges of contributions between SUSORP-approved providers and products. You will need to contact your provider company for those forms.
- Do not use this form to redirect future contributions to a different provider. If you are not retiring, and wish to direct future contributions to a different provider, please submit Form **ORP-CHANGE**.
- Do not use this form if you are requesting a refund of **only** your voluntary employee contributions from your SUSORP account. If you have been terminated for 3 calendar months, use Form **ORP-REFUND** for this purpose.
- If you are requesting a Required Minimum Distribution, please use Form **ORP-RMD**.

B. Eligibility for Distributions:

Under Florida law, you are not eligible to access your employer and/or required employee contributions and related earnings in your SUSORP account until you terminate all employment relationships with all participating FRS employers for three full calendar months. You may be eligible to receive, upon request to the division, up to ten percent of your SUSORP account balance after termination for one full calendar month if the division determines that you meet normal retirement date requirements as provided in Florida Statutes.

For the SUSORP, "Normal retirement date" means the date a member attains normal retirement by age, which is determined as follows:

- 1.If initially enrolled before July 1, 2011:
 - a. The first day of the month the member attains age 62 (copy of birth certificate required); or
- 2.If initially enrolled on or after July 1, 2011:
 - a. The first day of the month the member attains age 65 (copy of birth certificate required).

If you wish to take a 10% distribution, please complete both pages of the ORP-RETIRE form.

NOTE: There may be tax penalties if you access the funds prior to age 59-1/2.

C. Form Completion:

1. Complete Section I (Contact Information) and Section II (Member Certification) of the form. Your signature must be notarized. If requesting up to ten percent after one month from termination, also complete page two.
2. Have your employer complete Section III (Employer Certification) of the form. Or you may also submit the form with your notarized signature to the division and we will obtain the employer certification.
3. Submit the completed form to the Division of Retirement by fax, email, or U.S. Mail using the information provided at the top of the form.

Upon receipt of the completed form, the division will determine your eligibility to receive a retirement distribution of your employer and/or required employee contributions from your SUSORP account. The division will notify you if you are not eligible.

If your service provider gives you a form that requests a signature from the Division of Retirement, add a note to the company form that Form **ORP-RETIRE** will be sent to them by the division.

If you have any questions contact the Division of Retirement using the information at the top of this page or email orpdata@dms.myflorida.com.

State University System Optional Retirement Program (SUSORP)
Application for Retirement and Initial Distribution Statement
Division of Retirement – OAP/ORP Section
PO Box 9000
Tallahassee, Florida 32315-9000
Phone: 850-778-4696 Toll-free: 877-378-7677 FAX: 850-410-2030
Email: orpdata@dms.MyFlorida.com



I. Contact Information:

Member Name: _____ Member SSN: _____
Home Mailing Address: _____

Email: _____
Home Phone: _____ Work Phone: _____

II. Member Certification:

I am applying for retirement under the SUSORP by requesting a distribution/rollover of the employer and/or required employee contributions as well as my voluntary employee contributions and earnings from my SUSORP account. I understand that: my retirement becomes final when this payment occurs whether it is paid to me directly, rolled over to a qualified retirement plan, or a combination of these payment methods and I cannot receive a distribution/rollover from my SUSORP account until I am terminated from all employment relationships with all Florida Retirement System (FRS) employers for three full calendar months after the month I terminate.

By taking a distribution/rollover of employer and/or required employee contributions and earnings from my SUSORP account, I am a RETIREE of a state-administered retirement program and will not be eligible to participate in any state-administered retirement program in Florida if I return to FRS-covered employment in the future. I am not eligible to be reemployed by any participating FRS employer within six calendar months immediately following the initial retirement distribution date. I cannot receive further payments from my SUSORP account if I am reemployed by a participating FRS employer during the 7th through 12th calendar months immediately following the initial distribution/rollover date.

If I meet the definition of normal retirement date, I may request a partial distribution/rollover, of up to ten (10) percent of my SUSORP account balance after one calendar month following my termination date by checking the box below and completing page two of this form.

I request a distribution/rollover of up to ten percent from my SUSORP account after one calendar month following my termination date, subject to approval by the Division of Retirement, based on being normal retirement age (copy of birth certificate attached.) I have also completed page two.

Member Signature (sign in the presence of a notary): _____

Notary: State of _____, County of _____. The above named person who has sworn to and subscribed before me this _____ day of _____, _____, and who is personally known _____ or produced _____ identification.

Signature of Notary Public - State of _____ Print, Type or Stamp Commissioned Name of Notary Public

III. Employer Certification:

This is to certify that the above named member was employed by this agency and will terminate, or has terminated on _____.

Agency Authorized Signature: _____ Date signed: _____

Agency Name/Number: _____ Agency Phone: _____

IV. Division of Retirement Certification of Eligibility for Distributions:

Termination verified Yes Ten percent Distribution Yes Distribution after 3 months Yes

By: _____ Date: _____



**State University System Optional Retirement Program (SUSORP)
Application for Retirement and Initial Distribution Statement
Division of Retirement – OAP/ORP Section**

PO Box 9000
Tallahassee, Florida 32315-9000
Phone: 850-778-4696 Toll-free: 877-378-7677 FAX: 850-410-2030
Email: orpdata@dms.MyFlorida.com

Complete this page only if you are requesting a distribution of up to ten percent one month after termination.

I. Contact Information:

Member Name: _____ Member SSN: _____
Home Mailing Address: _____ Date of Birth: _____
Email: _____
Home Phone: _____ Work Phone: _____

II. Member Certification:

I request a one-time partial **retirement** distribution/rollover of ____% or \$_____ (not to exceed ten percent) from my SUSORP account (employer and employee contributions and earnings) after one calendar month following my termination date. This request is based upon reaching normal retirement age (**copy of birth certificate attached**). This is subject to approval by the Division of Retirement. The one-time distribution/rollover of up to ten percent must be prorated from all SUSORP accounts.

I understand that the payment amount will be verified by the Division of Retirement and that, after approval by the Division, the payment will be made as directed by me in the request made to my provider company.

III. Division of Retirement Certification:

Termination verified Yes Eligible for 10% distribution Yes No
By: _____ Date: _____

Distribution must be authorized by the Division of Retirement in Section V below.

IV. Provider Company Certification: Return by fax to 850 410 2030 or email to ORPDATA@DMS.MYFLORIDA.COM

This is to certify that the distribution requested above does not exceed ten percent of the member's account. This also certifies that the distribution has been prorated against all SUSORP accounts with this vendor. The amounts to be withdrawn are as shown below:

	Account Balance	Distribution/Rollover Amount
SUSORP Employer Account		
SUSORP Mandatory Employee Account		
SUSORP Voluntary Employee Account		
TOTAL		
	Withholding (if any)	
	Net Amount	

A payment for the "Net Amount" will be made as directed by the member after review and approval by the Division of Retirement.

Company Name: _____ Signature of Company Agent: _____
Date mailed: _____ Telephone Number: _____

V. Division of Retirement Authorization:

Up to Ten percent Distribution as shown above is authorized Yes No

By: _____ Date: _____