

**State University System Optional Retirement Program (SUSORP)**  
**Application for Required Minimum Distribution Authorization**

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](mailto:orpdata@dms.MyFlorida.com)

**A. When to use Form ORP-RMD:**

This form is an application for authorization for Required Minimum Distribution (RMD) under the SUSORP and a distribution from your SUSORP account. It is to be used when you are requesting a Required Minimum Distribution of employer and/or required employee contributions from your SUSORP account.

- 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 distribution of only your voluntary employee contributions from your SUSORP account and have been terminated for 3 calendar months. Use Form **ORP-REFUND** for this purpose.
- Do not use this form to **retire** from the SUSORP and request a distribution (including a rollover distribution) of employer and/or required employee contributions from your SUSORP account. Use form **ORP-RETIRE**.

**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.

The Florida Statutes are available online at <http://www.leg.state.fl.us/STATUTES/>.

**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.
2. You must submit a copy of your birth certificate.
3. Have your employer complete Section III (Employer Certification) section of the form. Or you may submit the form with your notarized signature to the division and we will obtain the employer certification.
4. 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, indicate on the company form that Form ORP-RMD will be sent to them by the division.

Please contact the Division of Retirement using the information at the top of this page or email [orpdata@dms.myflorida.com](mailto:orpdata@dms.myflorida.com) if you have any questions.

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**I. Contact Information:**

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**II. Member Certification:** (sign in the presence of a Notary):

I am **applying for a Required Minimum Distribution (RMD)** under the SUSORP. In doing so, I understand that I am not deemed to be a retiree under the plan. I understand that I cannot receive an RMD from my SUSORP account until I am terminated from all employment relationships with all Florida Retirement System (FRS) employers for three full calendar months. For example, if I terminate employment on June 6, the earliest that I can receive funds from my SUSORP account is October 1.

I understand that in taking a Required Minimum Distribution of employer and/or required employee contributions and earnings from my SUSORP account, **I am not a RETIREE** of a state-administered retirement program. I also understand that I cannot receive further payments from my SUSORP account if I become reemployed by a participating FRS employer.

My request is based on being at least age 70 ½ and required to take RMD (**copy of birth certificate attached.**)

**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      Full Distribution  Yes

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