

## Senior Management Service Optional Annuity Program (SMSOAP)

### 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 OAP-RMD:

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

- Do not use this form for contract exchanges of contributions between SMSOAP-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 **OAP-CHANGE**.
- Do not use this form if you are requesting a distribution of **only your voluntary employee contributions** from your SMSOAP account and have been terminated for 3 calendar months. Use Form **OAP-REFUND** for this purpose.
- Do not use this form to **retire** from the SMSOAP and request a distribution (including a rollover distribution) of employer and/or required employee contributions from your SMSOAP account. Use Form **OAP-RETIRE**.

#### B. Eligibility for Distributions:

You are not eligible to access your employer and/or required employee contributions and related earnings in your SMSOAP account until you terminate all employment relationships with all participating FRS employers for three full calendar months.

**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 of Retirement and we will obtain the employer certification.
4. Submit the completed form to the Division 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 SMSOAP 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, indicate on the company form that Form OAP-RMD will be sent to them by the Division.

Please contact the Division 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 SMSOAP. 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 SMSOAP 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 SMSOAP account is October 1.

I understand that in taking a RMD of employer and/or required employee contributions and earnings from my SMSOAP account, **I am not a RETIREE** of a state-administered retirement program. I also understand that I cannot receive further payments from my SMSOAP 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 a 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: \_\_\_\_\_