

State Senior Management Service Optional Annuity Program (SMSOAP)

Application for Required Minimum Distribution Authorization

Division of Retirement – 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.fl.gov

A. When to use Form OAP-RETIRE:

This form is an **application for retirement under the SMSOAP** and to request authorization for retirement distribution(s) from your SMSOAP account. It is to be used when you are requesting a distribution (including a rollover distribution) of employer and/or required employee contributions from your SMSOAP account. Once you take a distribution of these contributions from your SMSOAP 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 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 refund of only your voluntary employee contributions from your SMSOAP account. If you have been terminated for 3 calendar months, use Form **OAP-REFUND** for this purpose.
- If you are requesting a Required Minimum Distribution, please use Form **OAP-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 SMSOAP 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 10 percent of your SMSOAP 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 SMSOAP, "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 OAP-RETIRE form

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. If requesting up to 10 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 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 of Retirement, add a note to the company form that Form OAP-RETIRE will be sent to them by the division.

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

**State Senior Management Service Optional Annuity Program
(SMSOAP)**



Application for Retirement and Initial Distribution Statement

Division of Retirement – 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.fl.gov

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 SMSOAP by requesting a distribution/rollover of the employer and/or required employee contributions and earnings from my SMSOAP account. In doing so, 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. I understand that I cannot receive a distribution/rollover 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 any of my SMSOAP accounts is October 1. However, if I meet the definition of normal retirement date, I may request a partial distribution/rollover, subject to division approval, of up to ten (10) percent of my SMSOAP account balance after one calendar month following my termination date by also completing page two of this form.

I understand that by taking a distribution/rollover of employer and/or required employee contributions and earnings from my SMSOAP 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 further understand that I am not eligible to be reemployed by any participating FRS employer in any capacity within six calendar months immediately following the initial retirement distribution date. I also understand that I cannot receive further payments from my SMSOAP account if I am reemployed by a participating FRS employer during the 7th through 12th calendar months immediately following the initial distribution/rollover date.

I do not request a distribution/rollover after one calendar month following my termination date. (Submit page one only.)

I request a distribution/rollover of up to 10 percent from my SMSOAP 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 2.

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 Eligible for 10 percent Distribution Yes Distribution after 3 months Yes

By: _____ Date: _____

**State Senior Management Service Optional Annuity Program
(SMSOAP)**



Request for an Initial Retirement Distribution of up to 10 percent

Division of Retirement – 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.fl.gov

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 10 percent) from my SMSOAP 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 10 percent must be prorated from all SMSOAP accounts.

I am requesting that the payment be made payable to (check one) me, or a third party named below in the form of a rollover. I understand that the payment will be mailed to the Division of Retirement to verify that the funds have been prorated from all of my SMSOAP accounts. The division will then forward the check to the address shown below.

Please make payment payable to: _____ **I want the state to mail the check to:**

Address _____, _____, _____
(Street) (City) (State) (Zip code)

Member Signature: _____ **Date:** _____

III. Division of Retirement Certification:

Termination verified Yes Eligible for 10% distribution Yes No

By: _____ Date: _____

Distribution must be forwarded to the Division of Retirement, 1317 Winewood Blvd, Bldg. 8, Tallahassee, FL 32399-1560.

IV. Provider Company Certification: Return by overnight mail to the Division of Retirement, 1317 Winewood Blvd, Bldg. 8, Tallahassee, FL, 32399-1560

This is to certify that the distribution requested above does not exceed 10 percent of the member's account. This also certifies that the distribution has been prorated against all SMSOAP accounts with this vendor. The amounts withdrawn are as shown below:

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

A check for the "Net Amount" is attached to this document and is being submitted to the Division of Retirement for review prior to distribution/rollover as directed above.

Company Name: _____ Signature of Company Agent: _____

Date mailed: _____ Telephone Number: _____