

State University System Optional Retirement Program (SUSORP)
Change Form Effective July 1, 2012



PO Box 9000
Tallahassee, FL 32315-9000

Toll Free: (877) 377-3675 Local: (850) 488-8837 Fax: (850) 410-2196

TO BE COMPLETED BY EMPLOYEE (Please Type or Print)

Member Name: _____ Member SSN: _____
Last name, Generational suffix (e.g., Jr., Sr., III) First name Middle initial

Birth date: _____ Gender: _____
mm/dd/yyyy

As a participating SUSORP member, I elect the following changes:

Provider Company	Employer Contributions of 5.14% plus 3% Mandatory Employee Contributions (must equal 8.14% of your salary)	Your Voluntary Employee Contribution (must not exceed 5.14% of your salary)
ING		
VALIC		
Jefferson National		
MetLife Investors		
TIAA-CREF		
	Total _____.____% (must equal 8.14%)	Total _____.____% (must not exceed 5.14%)

I Understand That:

1. It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations; and
2. I may choose to have up to 5.14% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, (a) I must be under the maximum exclusion allowance and (b) my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution; and
3. My Employer Contributions shall be based upon my total unadjusted gross salary and the 3% Mandatory Employee Contribution will be sent to the same provider company that receives the Employer Contribution.

Member Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Agency Name: _____ Agency Number: _____

Member's Reason for Submitting this Form: _____ Company Change _____ Contributions Change

Signature of University Personnel Officer

Date