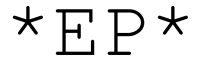


Senior Management Service Optional Annuity Program (SMSOAP)  
Change Form



Division of Retirement – Enrollment Section  
PO Box 9000  
Tallahassee, FL 32315-9000  
Toll Free: 877-377-3675 Local: 850-488-8837 Fax: 850-410-2196

Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
mm/dd/yyyy

**As a participating SMSOAP member, I elect the following changes:**

Provider Company	<b>Required Employer and Employee Contributions</b> Total contributions are disbursed based upon the employer contribution rate of 6.27%. If you choose to allocate contributions to more than one provider, please indicate the amounts below. The Division of Retirement will allocate your 3% employee contributions at the same ratio.	<b>Voluntary Employee Contribution</b> (after-tax contributions must not exceed 6.27% of your salary)
Great West		
VOYA		
	<b>Total ____% (must equal 6.27%)</b>	<b>Total ____% (must not exceed 6.27%)</b>

**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.
2. I may choose to have up to 6.27% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Member's Reason for Submitting this Form:

Company Change       Contribution Change      Effective pay date for change \_\_\_\_\_

\_\_\_\_\_  
Authorized Personnel Signature      Date