

Florida Retirement System  
State University System Optional Retirement Program (SUSORP)  
Change Form

**\*EP\***

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 SUSORP member, I elect the following changes:

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 5.14% of my adjusted gross taxable salary deducted as my Voluntary

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

TO BE COMPLETED BY EMPLOYER: