



Acknowledgement Investment Plan Distribution

Name _____ SS# _____

As a member of the Florida Retirement System (FRS) Investment Plan, I understand that I cannot begin receiving my employer or mandatory employee funded benefits while I am employed with any FRS employer. I have terminated or will terminate all employment with FRS employers on (date) _____. I will be eligible to receive my employer and/or mandatory employee funded benefits three full calendar months following my termination date. If I meet the normal retirement requirements of the FRS Investment Plan, I may receive up to 10% of my account balance after being terminated for one calendar month and the remaining balance after being terminated a total of three calendar months. My retirement becomes final when I receive any distribution of funds or if I roll-over any account funds to a plan outside the FRS. This is regardless of age or years of service. I understand that I will not be eligible for reemployment with any FRS employer for six full calendar months following the distribution date. If I return to employment with an FRS covered employer in any capacity (e.g., full-time, part-time, OPS) within six calendar months of my distribution date, my distribution will be considered an invalid distribution and both my employer and I will be held liable for repaying the distribution back to the FRS Investment Plan. In lieu of repayment, I may terminate employment from all participating FRS covered employers.

By receiving my employer and or/mandatory employee-funded benefits under The Investment Plan, I will be considered to have “retired” under the Florida Retirement System. A person who is considered “retired” under the FRS and who is reemployed on or after July 1, 2010, is not eligible to participate in any state-administered retirement program in Florida.

Signature: _____ Date: _____

Employer Certification:

This is to certify that the above named member will be terminating or has terminated employment on _____ and has been provided guidance regarding distributions from The Investment Plan and the future implications for re-employment with an FRS employer.

Authorized Signature: _____ Date: _____