Michigan.gov/ORS

Toll Free: 800-381-5111 Fax: 517-284-4416

Payoff Payment Options for a TDP Agreement

For State Employees Terminating Employment or Retiring

MEMBER'S NAME (LAST, FIRST, M.I.)	R'S NAME (LAST, FIRST, M.I.) MEMBER ID OR SSN		TDP AGREEMENT #	
MAILING ADDRESS	RESS DAYTIME TELEPHONE		TERMINATION DATE	
CITY, STATE, ZIP CODE	EMAIL ADDRESS	EMAIL ADDRESS		
Payment Options Choose one or more of the opt	ions below.			
I wish to apply a one-time lump sum payroll deduction existing TDP agreement. I understand that this deduction regular scheduled TDP deduction.		One-time I	Lump Sum Deduction	
PAYROLL OFFICER SIGNATURE	DATE	Total One-Time	Deduction	
		Deduction will be		
			iod Ending	
I wish to apply a plan-to-plan transfer from a qualified retirement plan (401(a), 401(k), 403(b), or 457 account) to the balance of my existing TDP agreement. I have contacted the plan administrator to begin the transfer for an amount not exceeding the balance on my TDP agreement.		Total Tranfer Amount		
I wish to make a direct after-tax payment by check or money order to the balance of my existing TDP agreement.		Total Payment		
erms of Payoff				
 I understand that to be eligible to pay off my TDF (2) have a bona fide termination of employment vin accordance with the retirement application pre employment relationship. I understand that I do not have a bona fide terminemployment with the intent or prearrangement to I understand that all payments (except final payment employment. I understand that if my payment(s) termination, my payment(s) could be returned to I understand that if I terminate employment prior service credit (if incremental years can be purchase. I understand that if I chose either the DB30 or DB 	within 90 days after ORS reviously filed with ORS, or mation if I am rehired within the behired by an employer cell deduction amounts) must received after I termin me resulting in taxes and to the payoff of this agree ased), or possibly no servi	receives payment. T I must otherwise co in 30 days of my terr in the same retirem list be received by C ate employment or penalties on the ref ment, I will received ce credit (if purchas	This means that I must retire empletely sever my mination date, or I terminate ent system. PRS before I terminate if I do not have a bona fide funded transferred amount. only a prorated amount of se requires full payment).	
which may occur after my attainment date.				
 I understand that payments made through payroll deduction must be made with pretax funds treated as an employer pick- up. 				
 I understand that ORS will notify my employer so that my TDP balance can be reduced accordingly. 				
 I understand that if I began my TDP agreement of September 30th, 8 percent interest may be assess 		4 and if my agreeme	ent is not paid in full as of	
I understand the terms outlined above for the page	yoff of my TDP agreemen	t balance.		
MEMBER'S SIGNATURE		DATE		

Follow the payment instructions on the reverse side to ensure payment is received timely.



Payment Method Instruction

One-Time Lump Sum Payroll Deduction

- Complete this form with MI HR or your payroll office. *Note:* If you work for the Attorney General, Secretary of State, Judicial Branch, or Legislative Branch, work with your agency human resource office. MI HR handles all other state agencies.
- 2. Work with MI HR or your payroll representative to ensure the deduction is made.
- Be sure MI HR or your respective agency sends ORS a copy of this form before your termination date.

Plan-to-Plan Transfer

Payment must be received before you terminate employment.

- 1. Follow the instructions on the *Qualified Plan-to-Plan Transfer Certification (R0158X)* to begin your transfer.
- 2. Complete this form and send it with the Qualified Plan-to-Plan Transfer Certification (R0158X) to:

Office of Retirement Services

P.O. Box 30171 Lansing, MI 48909-7671

3. Follow up with your plan administrator to ensure the transfer is for the correct amount and will be complete before you terminate employment.

Check or Money Order

Payment must be received before you terminate employment.

- 1. Complete this form.
- Prepare a check or money order payable to the State of Michigan. Your name, last four digits of your social security number, and invoice number should be shown on the payment.
- 3. Send the check and this form to:

Regular Payments	Overnight Payments	
ORS—Finance Division P.O. Box 30673	Department of Technology, Management & Budget	
Lansing MI 48909-8173	ATTN: Cashiering Offices 235 S. Grand Avenue, Suite 801 Lansing, MI 48933	

Combining Payment Methods

1. Follow the instructions for each method shown here and, on any forms, identified.

Personal checks and plan-to-plan transfers must be received in our office before you terminate employment.

