



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Deferred Compensation
STATE OF FLORIDA DEFERRED COMPENSATION PLAN

EZ
ENROLLMENT FORM

Deferred Compensation is an investment program you can use to help plan your retirement and have some of your income set aside for future living expenses. Deferred Compensation is not part of your Florida Retirement System (FRS) plan and is not affiliated with your 3% contribution to the FRS. You decide the amount of your pre-tax contributions and delay paying taxes on the money you invest until you take a withdrawal. Upon leaving employment, you can take a withdrawal at any age without a penalty or you may leave your assets in the plan to continue to be invested. You may not take a distribution while you are employed with the State. The pre-tax contributions can only be made by payroll deduction.

SECTION 1 – Please PRINT NAME clearly and exactly as reported to your payroll office

Name (First, MI, Last) _____ SSN* _____

Street Address: _____ Male Female

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Phone Numbers: Home (____) _____ Work (____) _____ Dept/Agency: _____

Pay-cycle (Circle One): Bi-weekly or Monthly Email Address _____

*Your disclosure of your social security number or taxpayer identification number is required. Section 112.215 F.S. authorizes the creation of the State of Florida Deferred Compensation Plan, which is intended to qualify for tax deferral pursuant to 26 USC 457. Use of the identifying numbers is mandated by 26 USC 6109. Your social security number or taxpayer identification number will be used as an identifying number for purposes of federal tax law.

To assist in selecting an investment company, please review the *Quarterly Performance Report* on the Bureau of Deferred Compensation Website at www.MyFloridaDeferredComp.com under the Performance & More section.

SECTION 2 - Select an Investment Company

By selecting an investment company below, deferrals will be invested into a default fund based on your age unless you choose otherwise. For more information about other investment choices, contact the company you choose below. You may invest with more than one company. Minimum contribution is 1% or \$20 a month per company.

Deferrals of _____% or \$ _____ a pay period will be invested into an age appropriate target date fund.
(ex: 1% of \$40,000 annually salary = \$15.38 bi-weekly, including a 20% tax advantage)

Target Date Fund - Target-date funds are a diverse mix of investments like stocks, bonds and cash equivalents that periodically and automatically adjust over time to grow more conservative as you near your target retirement date.

<input type="checkbox"/> VALIC _____% or \$ _____ 1-888-467-3726 www.valic.com/floridadcp	<input checked="" type="checkbox"/> Empower Retirement _____% or \$ _____ 1-800-444-9412 www.florida457.com	<input type="checkbox"/> VOYA _____% or \$ _____ 1-800-282-6295 www.florida457.beready2retire.com
<input type="checkbox"/> Nationwide Retirement Solutions _____% or \$ _____ 1-800-949-4457 www.nrsflorida.com	<input type="checkbox"/> T. Rowe Price _____% or \$ _____ 1-800-893-0269 http://rps.troweprice.com/florida	

IMPORTANT NOTE: You are not enrolled unless you choose an investment company.

SECTION 3- Beneficiary Designation

In the event of my death, the balance of my account shall be paid to the Primary Beneficiary(ies) in the specified percentages who survive me. If no Beneficiary(ies) survives me, the balance of my account shall be paid to my Estate. Primary Beneficiaries must total 100% and Contingent Beneficiaries must total 100%.

<input type="checkbox"/> Primary OR <input type="checkbox"/> Contingent	Spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Birth: ____/____/____	% of Account _____
Name (First, MI, Last) _____		SSN _____	
Address: _____		City: _____	State: _____ Zip: _____
<input type="checkbox"/> Primary OR <input type="checkbox"/> Contingent	Spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Birth: ____/____/____	% of Account _____
Name (First, MI, Last) _____		SSN _____ Address: _____ City: _____	
<input type="checkbox"/> Primary OR <input type="checkbox"/> Contingent	Spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Birth: ____/____/____	% of Account _____
Name (First, MI, Last) _____		SSN _____	
Address: _____		City: _____	State: _____ Zip: _____

Please fax this form to the Bureau of Deferred Compensation at 850-488-7186. If you have any questions about the content of this form, call our office at 1-877-299-8002.

Participant Signature _____

Date _____