



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Deferred Compensation

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

**ENROLLMENT
 INFORMATION FORM**

Please print clearly in ballpoint pen, and press firmly to ensure that all copies are legible. Initial any corrections or changes.

Investment Provider:

PARTICIPANT INFORMATION (Please PRINTNAME EXACTLY as reported to your payroll office)
 Name (First, MI, Last Name) _____ Social Security Number * _____ - _____ - _____
 *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.

EMAIL ADDRESS: _____

The Deferred Compensation Plan Is Not A Savings Plan From Which You Will Be Able To Withdraw Funds At Anytime. You will only qualify to receive distributions from your account when you have separated from State employment. The only way to receive any distribution while still employed by the State is if you suffer an "unforeseeable emergency", and make application to the State, which will include legal documentation to support your claim. An "unforeseeable emergency" is defined as a severe financial hardship to the participant resulting from a loss of the participant's property due to casualty, a sudden or unexpected illness or accident of the participant or his/her dependent, or other involuntary loss of income resulting from extraordinary and **Unforeseeable Circumstances Arising As A Result Of Events Beyond The Control Of The Participant.** The Internal Revenue Service says that home and automobile repairs of a non-casualty nature, education expenses, and the purchase or repair of a home or automobile are NOT unforeseeable emergencies. The State Office of Deferred Compensation, based on the Internal Revenue Code governing the Plan, makes the determination as to whether or not an unforeseeable emergency withdrawal request is approved.

You must SIGN to indicate your review and understanding of this section _____ (SIGN HERE)

The provider that you are enrolling with is one of several Investment Providers that are approved to market their investment products to State employees. The State Office of Deferred Compensation publishes a quarterly **Performance Report** that allows participants to uniformly compare all providers, including the historical rates of return on each investment product, and all fees assessed. You are encouraged to review the **Performance Report** before enrolling in the Plan. For additional information contact your Investment Provider, visit the State Office of Deferred Compensation website at **www.MyFloridaDeferredComp.com**, or call the State Office of Deferred Compensation at (850) 413-3162/ toll-free (877) 299-8002.

The following Investment Providers are approved to market their products to State employees:

VALIC Nationwide Retirement Solutions	Empower Retirement Charles Schwab	VOYA T. Rowe Price
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1. What is the range of the asset management fees that are assessed against the average net assets of the variable funds offered? _____
2. How is interest credited and compounded on fixed products (if applicable), and what is the contractual interest rate floor on the fixed accounts?

*This Enrollment Information Form is only intended to inform you of some of the important provisions governing the Deferred Compensation Plan, and acquaints you with the investment products offered by the provider you have chosen. **This form does not represent a contract, nor does it provide any guarantees.** The Investment Provider's representative must provide you with a current prospectus for each variable fund in which you invest, which will contain complete and detailed information. The State Office of Deferred Compensation will not be held liable in any way for information presented on or omitted from this document. **None of the variable annuities or mutual funds guarantee against loss of any money invested. When the term "guaranteed" is used to describe an investment product, it refers to a guarantee made by one of the Investment Providers in the Plan, and not the State of Florida. THE STATE OF FLORIDA DOES NOT GUARANTEE A PARTICIPANT'S FUNDS AGAINST LOSS.***

Each of the products offered in the Deferred Compensation Program are monitored on a quarterly basis. The investment funds are analyzed against our Investment Policy to determine if they should remain in the Program or be terminated. If a fund is approved for termination it will be removed from the Deferred Compensation Program and the assets and deferrals will be mapped to similar investment products after a sixty-day (60) notice to participants. This 60 day notice will be in the form of a letter detailing the changes that are being made. Participants will have the ability within the 60 days to have their assets and deferrals mapped to an alternative fund of their choice. This process does not apply to products offered in the Self Directed Brokerage Window.

I understand that the investment management fees may change in the future and funds may be added or terminated if they are not meeting the investment retention policy of the Deferred Compensation Plan. I understand that the funds I have selected may be terminated if they do not meet the investment retention policy of the Deferred Compensation plan. I understand that if any of the funds I select in the Deferred Compensation Plan are terminated in the future, I will be able to move my assets and deferrals into other investment option. Otherwise, my assets and deferrals in the terminated fund(s) will be automatically moved into the Deferred Compensation funds with the most similar risk level or into a replacement fund designated by the Plan Administrator in accordance with Form DFS-J3-1541, Investment Policy and Product Selection and Retention Policy.

I affirm that: I have been provided with a copy of "Commonly Asked Questions with Answers", which is published by the State of Florida; I understand a copy of the State of Florida Employees Deferred Compensation Plan is available to me upon request; I have reviewed and understand the information presented on this form and in "Commonly Asked Questions with Answers"; and the Investment Provider's Deferred Compensation Specialist has answered all of my questions about the Deferred Compensation Plan.

Participant Signature _____ Date _____ DC Specialist Name (PRINT) _____ DC Specialist Signature _____ Date _____