

State of Florida Rollover form

We are looking forward to working with you!

Complete this form if you wish to rollover your assets into or out of the State of Florida 457 plan.

To have your request processed in a timely manner, please follow the instruction provided for you.

- 1) Complete Section 1- **Participant Information**
- 2) Complete Section- **“Why are you completing this form?”**
 - a. Choose either full or partial- please provide estimated amount
 - b. Check choices on both sides accordingly.

For Transfers OUT only-

- 3) Please Read carefully- **See disclosure on form, it is crucial that you read this section completely and thoroughly.**
 - a. **For Transfers OUT only-** Provide last official work date and personnel number to verify this information.
 - b. **It is important that all participants transferring OUT of 457 submit an acceptance letter from the receiving entity along with the rollover paperwork. Failure to do so will delay the Rollover process.**
- 4) Complete Section 3- **“For Funds Rolling Out of The Florida Plan”**

For Transfer INTO only-

- 3) Complete Section 2- **“For Funds Rolling Into the Florida Plan”**
- 4) Complete **Incoming Transfer/Direct Rollover Form**, provided to you.



Mail or fax forms to:

Empower Retirement
Florida Service Center
8525 E. Orchard Rd, 10T3
Greenwood Village, CO 80111
Fax # 1-800-801-5954



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

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

98236-01
**ROLLOVER INTO/OUT
 OF FLORIDA PLAN**

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

Investment Provider: G W L

Section 1 - PARTICIPANT INFORMATION: (Please PRINT NAME 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 (____) _____ Email Address: _____

Do you have an outstanding Deferred Compensation loan? NO YES

*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.

Why are you completing this form?

Full or Partial Rollover Amount: \$ _____

I wish to rollover my funds FROM:

- 401 (a) (DROP)
- 401(a) FRS Investment Plan
- 401(k)
- 403 (b)
- Traditional IRA
- 457 (Deferred Compensation)

TO:

- 457 (Deferred Compensation)
- 403 (b)
- 401 (k)
- Traditional IRA
- 401(a) FRS Investment Plan

Please Read Carefully:

You may not roll funds OUT of the Florida Plan until/unless you have separated from service with the State of Florida (This request will not be processed until 31 days past your last official workday)

For Transfers OUT only: Last Official Work Day /____/____ This can be verified by calling my personnel office:
 Name _____ Title _____ Phone # -____-____

All transfers OUT of State 457 require a LETTER OF ACCEPTANCE from the receiving entity. (Failure to submit a letter of acceptance WILL DELAY the Rollover Process.)

Note: Please consult your tax advisor prior to taking a distribution.

This section is to be completed by the investment provider with the State of Florida Plan

Section 2- For Funds Rolling Into The Florida Plan

From (Plan Name): _____

From (Investment Company): _____

Address _____

Phone # _____

Contact Person/Representative _____

Phone # (if different from above) _____

(Due to the processing required to transfer a Deferred Compensation account, receipt of payment cannot be expected for four to six weeks after your completed paperwork has been received by our office)

Section 3- For Funds Rolling Out of The Florida Plan

Make check payable to: _____
 (Name of Receiving Company)

Mail check to: _____

Special Instructions: _____

Participant Signature _____ Date _____

State Office or other Authorized Signature _____ Date _____

Deferred Compensation Specialist Signature _____ Date _____

Deferred Compensation Specialist (Print Name) _____

**Incoming Transfer/Direct Rollover
Governmental 457(b) Plan**

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Advised Assets Group, LLC ("AAG"). If you have not yet elected to have your account professionally managed by AAG and would like to enroll in the Managed Accounts Service, call 1-800-701-8255.

State of Florida Deferred Compensation Plan

98236-01

Participant Information

Last Name	First Name	MI	Social Security Number
Address - Number & Street			E-Mail Address
City	State	Zip Code	<input type="checkbox"/> Female <input type="checkbox"/> Male
() Home Phone	() Work Phone	Mo Day Year Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

Payroll Information

Payroll Center Name	Payroll Center Number
Division Name	Division Number

Transfer/Direct Rollover Information

Current Plan Administrator must authorize by signing in the Authorized Signature(s) section.

I am choosing a:

- Transfer from a governmental 457(b) plan.
- Direct Rollover from a governmental 457(b) plan.
- Direct Rollover from a qualified:
 - 401(a) plan
 - 401(k) plan
 - 403(b) plan
- Direct Rollover from a Traditional IRA. (Non-deductible contributions/basis may not be rolled over.)

Previous Provider Information:

Company Name	Account Number
Mailing Address	
City/State/Zip Code	() Phone Number

Previous Provider must complete:

Employer/employee before-tax earnings and contributions: \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Amount of Transfer/Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Last Name

First Name

M.I.

Social Security Number

Number

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this transfer/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar cost averaging call the Voice Response System or access our Web site.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Aggressive Profile.....	N/A	FLIAGG	_____	Delaware Small Cap Value Instl.....	DEVIX	DEVIX	_____
American Century One Choice In Ret Inv.....	ARTOX	ARTOX	_____	Vanguard Small Cap Index Instl.....	VSCIX	VSCIX	_____
American Century One Choice 2020 Inv.....	ARBVX	ARBVX	_____	Wasatch Small Cap Growth.....	WAAEX	WAAEX	_____
American Century One Choice 2025 Inv.....	ARWIX	ARWIX	_____	Hotchkis & Wiley Value Opps Instl.....	HWAIX	HWAIX	_____
American Century One Choice 2030 Inv.....	ARCVX	ARCVX	_____	Prudential Jennison Mid Cap Growth Z.....	PEGZX	PEGZX	_____
American Century One Choice 2035 Inv.....	ARYIX	ARYIX	_____	American Funds Wash Mutual A.....	AWSHX	AF-WMI	_____
American Century One Choice 2040 Inv.....	ARDVX	ARDVX	_____	JPMorgan Disciplined Equity A.....	JDEAX	JDEAX	_____
American Century One Choice 2045 Inv.....	AROIX	AROIX	_____	Neuberger Berman Socially Resp Instl.....	NBSLX	NBSLX	_____
American Century One Choice 2050 Inv.....	ARFVX	ARFVX	_____	Pioneer Fundamental Growth Y.....	FUNYX	FUNYX	_____
American Century One Choice 2055 Inv.....	AREVX	AREVX	_____	BlackRock U.S. Total Bond Index I.....	BMOIX	BMOIX	_____
Conservative Profile.....	N/A	FL3CON	_____	PIMCO Total Return Admin.....	PTRAX	PI-TRT	_____
Moderate Profile.....	N/A	FL2MOD	_____	Guaranteed Portfolio Product.....	N/A	GPP	_____
Artisan International Inv.....	ARTIX	ARTIX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%
Openheimer Developing Markets Y.....	ODVYX	ODVYX	_____				

Participant Acknowledgements

Advised Assets Group, LLC - If I have elected to have my account professionally managed by Advised Assets Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

General Information - I understand that only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the transfer/direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on transfers, direct rollovers and/or distributions. I understand that I must contact the Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make transfers/direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions**Make check payable to:**

GREAT-WEST TRUST COMPANY, LLC

Include the following information on the check:Participant Name, Social Security Number,
Plan Number, Plan Name**Wire instructions:****Bank:** US Bank**Account of:** Great-West Trust Company, LLC**Account no:** 103655774323**Routing transit no:** 102000021**Attention:** Financial Control**Reference:** Participant Name, Social Security Number,
Plan Number, Plan Name**Regular mail address for the check and form
(if mailed together):**GREAT-WEST TRUST COMPANY, LLC
PO Box 560877
Denver, CO 80256-0877**Overnight mail address for the check and form
(if mailed together):**US Bank
10035 East 40th Avenue Suite 100
Attn Lockbox # 560877 DN-CO-OCLB
Denver, CO 80238**Contact:** Empower Retirement**Phone #:** 1-800-701-8255**If sending the "form" only,** please fax to 1-800-801-5954 or follow the mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.**Required Signature(s) and Date**

Participant Consent

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Plan Administrator/Trustee

Authorized Plan Administrator/Trustee Approval

I acknowledge and agree that the Plan Administrator/Trustee for the Previous Employer's Plan is released from and the Plan Administrator/Trustee for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

Authorized Plan Administrator/Trustee Signature
for Current Employer's Plan

Date

Plan Administrator forward or fax as shown above
in the Payment Instructions section

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.