



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

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

**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:

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(b) Deferred Compensation

TO:

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

You may not Roll out money from the Florida 457(b) Plan until you have separated from service with the State of Florida for 31 days.

For ROLL OUT of 457(b) provide your Last Official Work Day /____/____ This can be verified by calling my previous personnel office at: Dept/Agency _____ Phone # _____

NOTE: For a Roll Out of State 457(b) a Letter of Acceptance is required from the receiving entity. Failure to submit a letter of acceptance and last official work day, Agency and phone # WILL DELAY the rollover process.

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 457(b) 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 _____

Deferred Compensation Specialist Signature _____ Date _____

State Office or other Authorized Signature _____ Date _____

Deferred Compensation Specialist (Print Name) _____