

Online enrollment is available at MyFloridaDeferredComp.com



-OR- Enroll via one of these options:

Fax this completed
EZ Enrollment Form to:
850-488-7186

Mail this completed
EZ Enrollment Form to:
**Department of Financial Services
Bureau of Deferred Compensation
200 East Gaines Street
Tallahassee, FL 32399**

Set up enrollment by contacting an:
Investment Provider



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

EZ
ENROLLMENT FORM

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.

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 Provider, please review the “Quarterly Performance Report” in the *Plan Watch Booklet* on the Bureau of Deferred Compensation website at MyFloridaDeferredComp.com/PWB.

SECTION 2 - Select a Contribution Amount and Investment Company:

STEP 1: Select a Contribution Amount:

Contributions of 4% 3% 2% other _____% or \$ _____ a pay period will be invested into an age appropriate target date fund.

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 age 65.

STEP 2: Select an Investment Company:

Corebridge Financial Nationwide Retirement Solutions Voya Financial
 Check here if you want your contributions increased each January by _____% or \$ _____

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%.

Primary OR Contingent Spouse? No Yes Date of Birth: ____/____/____ % of Account _____%
Name (First, MI, Last) _____
Address: _____ City: _____ State: _____ Zip: _____

Primary OR Contingent Spouse? No Yes Date of Birth: ____/____/____ % of Account _____%
Name (First, MI, Last) _____
Address: _____ City: _____ State: _____ Zip: _____

Primary OR Contingent Spouse? No Yes Date of Birth: ____/____/____ % of Account _____%
Name (First, MI, Last) _____
Address: _____ City: _____ State: _____ Zip: _____



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

ROTH EZ
ENROLLMENT FORM

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 contributions. Your Roth and Pre-Tax contributions to the Florida Deferred Compensation (457b) Plan are combined and subject to IRS limits. For more information about the Deferred Compensation Plan and its Investment Providers, please visit MyFloridaDeferredComp.com.

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: (____) _____ Employer: _____

Pay-cycle (Circle One): Monthly Bi-Weekly Weekly Semimonthly Email Address: _____

*Disclosure of your social security number or taxpayer identification number is mandatory. 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. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1) F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose of than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.

SECTION 2 – Select a Roth Contribution Amount and Investment Provider.

STEP 1: Select a Contribution Amount

Contributions of 4% 3% 2% other _____ % or \$ _____ per pay period will be invested into an age appropriate target date fund.

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 age 65.

STEP 2: Select an Investment Company

Nationwide Voya Corebridge

SECTION 3 – Select a Beneficiary Designation for your Deferred Compensation Plan account.

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%. This election applies to your **Pre-Tax and Roth contributions** for the selected Investment Provider.

Primary **OR** Contingent Spouse? No Yes Date of Birth: ____ / ____ / ____ % of Account _____%

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

Address: _____ City: _____ State: _____ Zip: _____

Primary **OR** Contingent Spouse? No Yes Date of Birth: ____ / ____ / ____ % of Account _____%

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

Address: _____ City: _____ State: _____ Zip: _____

Primary **OR** Contingent Spouse? No Yes Date of Birth: ____ / ____ / ____ % of Account _____%

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

Address: _____ City: _____ State: _____ Zip: _____

Please return this form to the Bureau of Deferred Compensation (fax number 1-850-488-7186). If you have any questions regarding the Deferred Compensation Plan, you may contact us at 1-877-299-8002.

 Participant Signature _____
 Date