

Online enrollment is available at [MyFloridaDeferredComp.com](http://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](http://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](http://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 other 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