

Online enrollment is available at MyFloridaDeferredComp.com



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 company, please review the Quarterly Performance Report on the Bureau of Deferred Compensation website at MyFloridaDeferredComp.com under Important Documents.

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: _____

Please mail this form to the Bureau of Deferred Compensation using the enclosed business reply envelope. You may also fax this form to 850-488-7186 or scan the form to DeferredCompensation@MyFloridaCFO.com. If you have any questions, please call 877-299-8002.

Participant Signature
DFS-J3-1956 (rev.05/15)

Date
Adopted in Rule 69C-6.003, F.A.C.