



DEPARTMENT OF FINANCIAL SERVICES

Division of Treasury - Bureau of Deferred Compensation

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

EZ ENROLLMENT FORM

Deferred Compensation is an investment program you can use to help plan your retirement and have some of your income set aside for future living expenses. 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 assets in the plan to continue to be invested. You may not take a distribution while you are employed with the State; these are pre-tax contributions and can only be made by payroll deduction.

SECTION 1 - (Please PRINT NAME exactly as reported to your payroll office)
Name (First, MI, Last):
Street Address:
City: State: Zip: Date of Birth:
Phone Numbers: Home: Work: Employer:
Pay-cycle (Bi-weekly or Monthly): Email Address:

SECTION 2 - Select the Investment Company.
By selecting the investment company below, deferrals will be invested into a default \*target date fund based on your age unless you chose otherwise. For more information about individual investment choices, contact the company you choose below.
I would like Deferrals of % or \$ from each pay period contributed to:
Nationwide Retirement Solutions
1-800-949-4457
www.nrsflorida.com
\*Target Date fund
A mutual fund in the hybrid category that automatically resets the asset mix (stocks, bonds, cash equivalents) to conform to a specific time frame that is appropriate for the investor. These funds are similar to life-cycle funds, except target date funds are structured to address some date in the future, such as retirement.

Section 3- BENEFICIARY DESIGNATION (If more space is needed please attach an additional Participant Action Form)
In the event of my death, the balance of my account shall be paid to the Primary Beneficiary(ies) who survive me in the specified percentages. If any Primary Beneficiary(ies) does not survive me, that portion of the balance of my account will be paid to the surviving Primary Beneficiaries in amounts consistent with the percentages indicated. If no Primary Beneficiary(ies) survive me, then the balance of my account is paid to the surviving Contingent Beneficiary(ies) in the specified percentages. If no Beneficiary(ies) survives me, the balance of my account shall be paid to my Estate. NOTE: Contingent Beneficiaries are optional: Also, 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) 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:

I agree to all terms and conditions of the State of Florida Deferred Compensation Plan. I hereby authorize the State Comptroller to deduct from my salary the amount(s) specified above and State Office of Deferred Compensation to transmit the deduction to the above named investment provider. This authorization will continue until my provider submits to the State a request for a suspension or change in my deferral before the appropriate deadlines. Deferral changes (increases, decreases, and suspensions) can not be effective in the same month that the request is made unless it is a new employee enrolling for the first time. Ultimately, it is my responsibility to ensure that the amounts of my annual combined contributions to these programs are not in excess of the current maximums. I am solely responsible for any investment gains and/or losses, other losses and all charges and expenses associated with my participation in the plan. I understand that the State of Florida does not represent, nor guarantee, that any particular tax consequences will occur due to my participation in the plan. I must consult my own accountant, attorney, or other representative for personal consultation regarding tax and investment consequences arising from my participation in the plan.

Signature

Date

Submit by mail