



DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF TREASURY – BUREAU OF DEFERRED COMPENSATION
STATE OF FLORIDA DEFERRED COMPENSATION PLAN

IN PLAN ROTH CONVERSION

Current Investment Provider:

Section 1 - PARTICIPANT INFORMATION

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

Street Address: _____ Male Female

City: _____ State: _____ Zip: _____ Date of Birth ____/____/____

Phone Numbers: Home (____) _____ Work (____) _____ 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 – INFORMATION ABOUT TAX OBLIGATION

I understand that amounts converted from 457b Pre-Tax deferrals to 457b Roth deferrals ARE SUBJECT TO FEDERAL INCOME TAXES. My Investment Provider will provide additional information about my tax obligation on this conversion. The Department strongly recommends you consult with a tax advisor regarding the tax implications of this conversion prior to submitting this Form.
READ AND INITIAL: _____

Section 3 - CONVERSION TOTAL(S) AND INVESTMENT OF CONVERSION AMOUNT(S) (Select 1 Option Only)

1. I am requesting that ALL or _____ % or \$ _____ of my Pre-Tax funds be converted to **ROTH DEFERRALS**.

If you are only transferring a portion of your Pre-Tax balance, indicate which investment product(s) the funds should be transferred out of:

_____ % _____ % _____ %
 _____ % _____ % _____ %

2. How would you like this converted Roth money to be invested?

_____ % _____ % _____ %
 _____ % _____ % _____ %

 Participant Signature Date

 State Office Signature Date

 Deferred Compensation Specialist Signature Date

 Deferred Compensation Specialist (Print Name) Date