



Florida Retirement System

State Community College System Optional Retirement Program (SCCSORP) Enrollment Form

1	Enter Your Info PLEASE PRINT	LAST NAME _____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____	FIRST NAME _____ DATE OF BIRTH (MM/DD/YYYY) _____	MI _____		
2	Select Your Plan	The enrollment deadline for options 1, 2, and 3 is 4:00 p.m. ET on the last business day of the 8th month following your month of hire. ☐ 1. FRS Pension Plan ☐ 2. FRS Investment Plan ☐ 3. FRS Hybrid Option <i>See special eligibility requirements on page 4.</i> The enrollment deadline for option 4 is 4:00 p.m. ET on the 90th day following your date of hire. ☐ 4. Withdraw from the FRS to participate in the local State Community College System Optional Retirement Program (SCCSORP) If you selected option 4, you MUST also submit the Employment Certification form on page 3.				
3	Choose Your Funds	If you selected the FRS Investment Plan or the FRS Hybrid Option, you must choose your Investment Plan funds. ☐ Choose a Retirement Date Fund for me. Your Plan contributions will be invested in an age-appropriate Retirement Date Fund. <i>Do not complete page two if you selected this option. Complete and submit page one only.</i> ☐ I have indicated my choices in the "Choose Your FRS Funds" section of this form. Complete and submit page two if you selected this option.				
4	Sign Here	By signing below, I acknowledge that I have read and understand the information on pages 4 and 5 of this Enrollment Form, and I certify all supplied information to be true and correct. I understand that this form cannot be processed without the last four digits of my Social Security number, date of birth, plan choice, and signature. <table border="1"><tr><td>SIGNATURE _____ EMPLOYER NAME _____ PERSONAL EMAIL _____ PHONE NUMBER _____ ☐ MOBILE (RECOMMENDED) ☐ OTHER</td><td>DATE _____</td></tr></table>			SIGNATURE _____ EMPLOYER NAME _____ PERSONAL EMAIL _____ PHONE NUMBER _____ ☐ MOBILE (RECOMMENDED) ☐ OTHER	DATE _____
SIGNATURE _____ EMPLOYER NAME _____ PERSONAL EMAIL _____ PHONE NUMBER _____ ☐ MOBILE (RECOMMENDED) ☐ OTHER	DATE _____					
5	Submit Your Form	By Fax: 1-888-310-5559 Do not include a cover sheet. — OR — By Mail: Plan Choice Administrator P.O. Box 785027 Orlando, FL 32878-5027				



Choose Your FRS Funds

Complete this section only if:

- You selected the FRS Investment Plan or the FRS Hybrid Option in Section 2.
- You indicated in Section 2 that you wanted to choose how your contributions are allocated.

Choosing Your Investment Plan Funds

- You can allocate your contributions to any combination of funds below, but your total allocation must add up to 100%.
- You can change your selections at any time after your account is activated by calling the MyFRS Financial Guidance Line, Option 4, or by logging in to *MyFRS.com*. Transfer restrictions may apply.
- For more information about each Investment Plan fund, review the fund profiles, Investment Fund Summary, Default Investment Fund Notice and the Annual Fee Disclosure Statement available on *MyFRS.com*, or call the MyFRS Financial Guidance Line, Option 2, to speak with an experienced, unbiased financial planner.

An Important Note About Fees

Each investment fund charges an annual fee based on a percentage of the balance invested in that fund. Fees vary by fund and are automatically deducted from your account. These are the only fees you will pay as an active member of the Investment Plan.

About Retirement Date Funds

Retirement Date Funds are professionally managed funds that are designed to offer you a single solution for maintaining a diversified portfolio based on the amount of time you have until retirement. As your retirement gets nearer, the fund's investment mix gradually shifts from growth to preservation.

About the Other Funds

The other funds listed below allow you to create your own customized portfolio. "(B)" identifies a fund that will automatically block trades under certain circumstances.

Fees as of January 1, 2025 shown below as (\$).		Enter % for Each Fund
RETIREMENT DATE FUNDS		
<i>If you are this age ...</i>	<i>You might consider this Retirement Date Fund ...</i>	
Regular Class	Special Risk or Special Risk Admin.	
Age 27 or younger	Age 16 or younger	FRS 2065 Retirement Date Fund (\$1.20) _____ %
Age 28 to 32	Age 17 to 21	FRS 2060 Retirement Date Fund (\$1.20) _____ %
Age 33 to 37	Age 22 to 26	FRS 2055 Retirement Date Fund (\$1.20) _____ %
Age 38 to 42	Age 27 to 31	FRS 2050 Retirement Date Fund (\$1.20) _____ %
Age 43 to 47	Age 32 to 36	FRS 2045 Retirement Date Fund (\$1.30) _____ %
Age 48 to 52	Age 37 to 41	FRS 2040 Retirement Date Fund (\$1.40) _____ %
Age 53 to 57	Age 42 to 46	FRS 2035 Retirement Date Fund (\$1.60) _____ %
Age 58 to 62	Age 47 to 51	FRS 2030 Retirement Date Fund (\$1.90) _____ %
Age 63 to 67	Age 52 to 56	FRS 2025 Retirement Date Fund (\$2.20) _____ %
Age 68 to 72	Age 57 to 61	FRS 2020 Retirement Date Fund (\$2.20) _____ %
Age 73 or older	Age 62 or older	FRS Retirement Fund (\$2.10) _____ %
OTHER FUNDS		
STABLE VALUE FUND	FRS Stable Value Fund (\$0.80) _____ %	
INFLATION PROTECTION FUND	FRS Inflation Sensitive Fund (\$3.60) _____ %	
BOND FUNDS	FRS U.S. Bond Enhanced Index Fund (\$0.40) _____ %	
	FRS Diversified Income Fund (\$2.50) _____ %	
U.S. STOCK FUNDS	FRS U.S. Stock Fund (\$3.50) _____ %	
	FRS U.S. Stock Market Index Fund (\$0.10) _____ %	
FOREIGN AND GLOBAL STOCK FUNDS	FRS Foreign Stock Index Fund (\$0.30) (B) _____ %	
	FRS Foreign Stock Fund (\$4.70) (B) _____ %	
	FRS Global Stock Fund (\$4.30) (B) _____ %	
TOTAL MUST EQUAL 100%		



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Employment Certification

Complete and submit this section only if you selected option 4 on Page 1.

*The information below **MUST** be completed by the employer.*

Employing Agency

EMPLOYING AGENCY NAME

AGENCY NUMBER

POSITION TITLE

POSITION NUMBER

DATE OF EMPLOYMENT (MM/DD/YYYY)

INITIAL PLAN CODE (SELECT ONE)

☐ HA ☐ OC

EFFECTIVE DATE OF SCCSORP-ELIGIBLE EMPLOYMENT
(MM/DD/YYYY)

Authorized Signature

By signing below, I certify that the above information is correct and the member is employed in an SCCSORP-eligible position.

AUTHORIZED SIGNATURE

TITLE

DATE (MM/DD/YYYY)

PHONE NUMBER

Questions?

MyFRS Financial Guidance Line
1-866-446-9377, Option 2 (TRS 711)

Get free, unbiased guidance from experienced financial
planners about the plans or the election process.

MyFRS.com

Visit anytime for tools and information about
the FRS Investment Plan and Pension Plan.

Review the Following Important Information Carefully

Do not submit this page with your form.

- **Hybrid Option Special Eligibility Requirements**—The Hybrid Option is available if you have 8 years of previous Pension Plan service and were initially enrolled in the FRS on or after July 1, 2011 (5 years if initially hired prior to July 1, 2011). This option is designed to freeze your accrued Pension Plan benefit and establish an Investment Plan account for all future employer and employee contributions. For more information, call the MyFRS Financial Guidance Line, Option 2.
- **Incomplete Form**—You will be notified if your form is incomplete and was not processed. You must submit a new completed form by your deadline in order for your choice to be processed. Keep a copy for your records.
- **Electronic Signature**—An electronic signature must include a systematic digital authentication such as a date or time stamp showing verification of your intent to sign the form. By submitting a digital authenticated electronic signature, you acknowledge that it is the same as a handwritten signature.
- **Plan Choice Deadline**—You are responsible for ensuring your election is received by the Plan Choice Administrator according to the deadline indicated for the option you choose.
- **Eligibility**—You must be actively employed and earning salary and service credit when your form is received by the Plan Choice Administrator. If it is determined that you were not eligible, your election will be invalid.
- **Default Enrollment**—If you do not submit a choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class the Pension Plan will be considered your initial default election.
- **Reversing an Election Made in Error**—If you make your choice in error or change your mind, you have until 4:00 p.m. ET on the last business day of the month following your election month to cancel your election. To do so, call the MyFRS Financial Guidance Line, Option 2.
- **Confirmation Statement**—You will receive a confirmation statement once your Enrollment Form has been processed. The confirmation statement will be mailed to your address on file as supplied by your employer or delivered electronically through the MyFRS.com website. Allow 2 to 3 weeks to receive it. Notify your employer of any address changes.
- **Beneficiary Designation**—Designate a beneficiary by submitting a Beneficiary Designation Form (BEN-001 for the Pension Plan or IPBEN-1 for the Investment Plan). Forms are available online at *MyFRS.com* or by calling the MyFRS Financial Guidance Line and selecting Option 1. If you do not designate a beneficiary, in the event of your death, your benefits, if any, will be distributed in accordance with Section 121.091(8) or Section 121.4501(20), Florida Statutes, as applicable.
- **2nd Election**—You have a one-time opportunity during your FRS career to switch from the FRS plan you initially chose to the other plan. There may be a cost for doing so. You cannot file a 2nd Election using this form. Call the MyFRS Financial Guidance Line, Option 1, or use the online resources on *MyFRS.com* for further information.
- **If You Elected the Pension Plan**—You understand that the Pension Plan is a defined benefit plan, which will provide you with benefit payments at retirement if you meet certain criteria. As of the most recent actuarial valuation date, the FRS actuarial liability exceeded the actuarial value of its assets, yielding an unfunded actuarial liability. This liability may increase or decrease in the future. The Florida Legislature may increase or decrease the amount that you and your employer contribute to this Plan to keep it actuarially funded.
- **If You Elected the Investment Plan**—You understand, acknowledge, and authorize the following:
 - Any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.
- **If You Elected the Investment Plan or the Hybrid Option**—You understand, acknowledge, and authorize the following:
 - You reviewed the fund profiles, the Investment Fund Summary, and the Annual Fee Disclosure Statement on *MyFRS.com* before submitting your Enrollment Form and before selecting any investment funds.
 - The Annual Fee Disclosure Statement for the FRS Investment Plan provides information concerning the Investment Plan's structure, administrative and individual expenses, and investment funds, including performance, benchmarks, fees, and expenses. This statement is designed to set forth relevant information in simple terms to help you make better investment decisions. The statement is available online in the "Investment Funds" section on *MyFRS.com*, or you can request a printed copy be mailed at no cost to you by calling the MyFRS Financial Guidance Line, Option 4.
 - If you do not select any investment funds, your Plan contributions will be invested in an age-appropriate Retirement Date Fund as provided under Plan provisions. Be sure to review the "Default Investment Fund Notice" located in the "Privacy, Security, & Terms of Use" section on *MyFRS.com*.
 - At any time after your account is activated, you can change your fund allocations to any of the Plan's investment options by logging in to *MyFRS.com* or by calling the MyFRS Financial Guidance Line, Option 4.
 - Your Investment Plan account will be accessible at the end of the month following the effective date of this election.
 - You understand a Self-Directed Brokerage Account is offered by the Plan and enrollment will be available to you after you meet the required Plan provisions.
 - Sections 121.4501(8)(b)2 and 121.4501(15), Florida Statutes, incorporate the federal law concept of participant control, established by regulations of the U.S. Department of Labor under Section 404(c) of the Employee Retirement Income Security Act of 1974. If you exercise control over the assets in your Investment Plan account, pursuant to Section 404(c) regulations and all applicable laws governing the operation of the Investment Plan, no program fiduciary shall be liable for any loss to your account which results from your exercise of control.
 - The Investment Plan is a defined contribution plan. The Florida Legislature can increase or decrease the amount that you and your employer contribute to your account.
 - The Investment Plan is not designed to facilitate short-term excessive fund trading. Foreign and global investment funds are subject to a minimum holding period of 7 calendar days following any non-exempt transfers into such funds. You may be subject to trading controls on the funds in the event that you trade excessively.
 - Investment management fees are deducted from your Investment Plan account. These fees may change in the future, and funds may be added or terminated. If any of the funds you select are terminated in the future, you will be able to move your assets into other investment funds prior to fund termination. If you do not move your assets out of a terminated fund, those assets will automatically be moved into a replacement fund designated at that time.
 - If you terminate employment and are vested in your account balance, you may be subject to a mandatory payout of your account if the balance is \$1,000 or less, or an account maintenance fee of \$6 per quarter if your account balance is more than \$1,000.
 - You consent to electronic delivery of documents through the *MyFRS.com* website, including but not limited to prospectuses, quarterly account statements, account transaction confirmation statements, privacy notices, fee disclosures, and other documents. Anytime one of these documents is available, an email notice will be sent to the email address you provided. You will need to log in to *MyFRS.com* to view these documents and to

make any updates to your email address. Receipt of documents through *MyFRS.com* will continue until you revoke your consent by calling the MyFRS Financial Guidance Line, Option 4. Your internet service or cellphone provider may charge you a fee for the time required to view your documents online or for other services.

- **If You Elected “Withdraw from the FRS to Participate in the Local Community College Optional Retirement Program (SCCSORP)”**—You understand, acknowledge, and authorize the following:

- You are eligible to participate in the SCCSORP as provided in Section 121.051(2), Florida Statutes.
- You must execute a contract with a SCCSORP provider during your first 90 days of employment or you will default into the Pension Plan.
- Your membership in any other state-administered retirement plan will terminate on the effective date of your enrollment in the SCCSORP.
- As a member of the SCCSORP, you are not eligible for disability retirement benefits under any FRS-administered retirement plan.
- Your decision to withdraw from the FRS is irrevocable for as long as you are employed in a SCCSORP-eligible position.
- The State of Florida does not guarantee or insure the benefits paid under the SCCSORP.
- It is mandatory for you to contribute 3% of your salary to the plan. These mandatory contributions will be deducted from your pay on a pretax basis

and will be sent to the provider company as are the employer contributions.

- You have the option to make additional pretax contributions of up to 5.15% of your eligible compensation.
- By taking a distribution of employer/mandatory employee contributions, you will be considered a retiree.
- By entering a mobile phone number, you agree and acknowledge that the MyFRS Financial Guidance Program may send text message alerts and other related messages to that number purpose related to your retirement account. You understand that such messages may be subject to service provider standard text messaging, data, and phone rates and that you, not the MyFRS Financial Guidance Program, will be responsible for such fees. Your service provider can provide information about any such charges. You are not required to agree to receive text messages as a condition of participating in the Investment Plan.

- **Rights and Responsibilities**—A description of your rights and responsibilities under the Pension Plan and the Investment Plan is in the respective Summary Plan Description, the Florida Statutes, and the Administrative Rules and can be obtained by calling the MyFRS Financial Guidance Line, Option 2, or by visiting *MyFRS.com*.