

**Florida Retirement System
Pension Plan (401(a) Plan)
Pretax Direct Rollover/Transfer Form**



Division of Retirement
P O Box 9000
Tallahassee FL 32315-9000
850 488-6491 Toll Free 888 738-2252

INSTRUCTIONS: The member must complete Section I and II. This form should then be sent to the provider company who has physical control of the funds. The custodian/trustee of the provider company must complete Section III. The provider company is responsible for remitting the check and sending the PRO-1 form.

I. Member Information:

Name: _____ SSN: _____

Birth Date: _____ Gender: Male _____ Female _____

Home Phone: _____ Home Mailing Address: _____

Work Phone: _____

II. Member:

In accordance with the Economic Growth and Tax Relief Reconciliation Act (EGTRRA), I request a direct rollover or trustee to trustee transfer, if applicable, be made to the Florida Retirement System (FRS) which is a 401(a) qualified plan. I understand that this rollover/transfer is for the express purpose of purchasing or upgrading service credit under the FRS and I will not earn interest on my personal contributions (including these rollover funds) in the FRS. I certify that I am not rolling over any of my required minimum distribution amount from my current account. I understand that to avoid additional interest, the FRS must receive this payment no later than June 30.

Amount of Direct Rollover/Transfer Requested:\$ _____

Member's Signature: _____ Date: _____

III. Trustee/Custodian Information - THIS SECTION MUST BE COMPLETED BY THE TRUSTEE/CUSTODIAN OF ELIGIBLE PLAN

Account type: Only one account type is allowed per form. Additional forms must be completed for each account type.

401(a) _____ Qualified Retirement Plan **401(k)** _____ Qualified Retirement Plan **403(b)** _____ Tax-Sheltered Annuities
408(a) _____ Traditional IRA **408(b)** _____ IRA Annuity **457(b)** _____ Deferred Compensation Plan

_____ Please check if this is a trustee to trustee transfer.

Amount of Direct Rollover/Transfer: \$ _____

Custodian Name: _____

Mailing Address: _____

Trustee/Custodian Signature: _____ Date: _____

Trustee/Custodian Printed Name: _____ Phone Number: _____

This completed form and a check payable to the Florida Retirement System must be mailed to the FRS at the above address. Make sure the member's social security number is on the face of the check. To wire transfer the funds to the FRS, please call our Accounting office at (850) 414-6334 or (850) 488-6883 for instructions.