



State Board Administration of Florida



Florida Retirement System

1801 Hermitage Boulevard, Tallahassee, Florida 32308

TRANSFER REQUEST FORM

Excessive Fund Trading Guidelines Violators

As a result of excessive trading, restrictions have been placed on your Investment Plan account. Trading is only permissible by completing and mailing this form via U.S. mail, certified/return receipt requested, to the Office of Defined Contribution Programs (make copies of this form as needed). Please note a transfer of funds will only occur if the request complies with the Investment Plan Excessive Fund Trading Guidelines. If you have questions regarding completing this form or the Excessive Fund Trading Guidelines, contact the Investment Plan Administrator at 1-866-446-9377, option 4 (TRS 711).

Section 1: General Information

Please print

Last Name	First Name	Middle Initial	Last 4 Digits Social Security Number
Street Address	City	State	Zip
Phone Number with Area Code	Email Address		

Section 2: Investment Transfer Instructions

Complete the table below indicating the funds and amounts you are transferring FROM and TO. Please refer to the Investment Fund Summary on MyFRS.com for the correct fund numbers and names. A transfer will not occur if the fund number or name is unclear and you must have sufficient assets in your account in order to execute the transfer(s). Enter either a dollar amount or percentage below. **DO NOT ENTER BOTH**. All percentages must be whole percentages, i.e. no fractions. Please note that a fund you are transferring *from* cannot be a fund you are transferring *to*.

Fund Transfer FROM				Fund Transfer TO		
(indicate specific dollar amount or percentage you are transferring from each fund)				(indicate specific percentage you are transferring to each fund)		
Fund #	Fund Name	\$ Amount	%	Fund #	Fund Name	%
				TOTAL MUST EQUAL 100%		

Section 3: Authorizations

Please sign, date, and mail this notarized form via U.S. mail, certified\return receipt requested, to the address below. Transfer of funds will occur as soon as practicable after receipt of a form in good order. You can confirm the transfer by either calling the Investment Plan Administrator at 1-866-446-9377, Option 4, or logging on to MyFRS.com. Please keep a copy of this form for your records.

We will not execute a transfer if any of the following condition(s) apply: the form is not notarized; the form is incomplete in any way; the form is submitted by fax, email, or regular U.S. mail; it is unclear what fund(s), dollar amount(s), or percentage(s) are to be transferred; it is unclear into what fund(s) the amount(s) are to be transferred; the account does not contain sufficient assets to execute the transfer(s); or the transfer request does not comply with the Investment Plan Excessive Fund Trading Guidelines. If you submit a form that does not comply with any of the items listed above, we will attempt to contact you by telephone, email, or U.S. mail. Submission of a corrected notarized form to the Office of Defined Contribution Programs via U.S. mail, certified/return receipt requested, will be required to execute a transfer.

This form is only valid for transfers of funds for accumulated amounts currently in your Investment Plan account, and not future contributions. If you want to change the funds receiving future contributions, contact the Investment Plan Administrator at 1-866-446-9377, Option 4 (TRS 711).

_____/_____/_____
Signature Date

Section 4: Notarization of Signature

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20__ by:

Signature of Notary Public

(NOTARY SEAL)

Printed Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

Mail this notarized form via U.S. mail, certified\return receipt requested, to:

**Office of Defined Contribution Programs
State Board of Administration of Florida
1801 Hermitage Blvd., Suite 100
Tallahassee, FL 32308**

Approved by SBA