Date of Invoice

COMPANY TO COMPANY TRANSFER INVOICE – IMMEDIATE ACTION REQUIRED

**TO: «Proposed\_Company»**

# FROM: State of Florida Deferred Compensation

**WARRANT/PAY DATE: «Warrant\_Pay\_Date».**

|  |  |  |
| --- | --- | --- |
| **Participant Name** | **Social Security Number** | **See Co to Co Form Section 3** |
| **«Part\_Name»** | **«Social\_Security\_Number»** | **«FULL\_PARTIAL»** |

The referenced participant has requested a full or partial transfer from your company to the below company.

Complete Section A and **OVERNIGHT** **invoice and check** to company below by **«Deadline».**

**Overnight Check To:**

«Overnight\_Check\_To»

# SECTION A - Required Information From Transferring Company

# Upon account surrender, complete Section A, with signature of ePAF entry and fax a copy of this invoice to the benefit technician/State of Florida Deferred Compensation Office at (850) 488-7186.

|  |  |
| --- | --- |
| **Date Account Closed** |  |
| **Date Funds Transferred** |  |
| **Total Remittance** |  |
| **Tracking Number** |  |

**NOTE: The date the participant’s account is closed must be the same date that the funds are transferred to the receiving company.**

Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B - Required Information From Receiving Company**

## Upon receipt of funds, complete Section B, with signature of ePAF entry and fax a copy of this invoice to the benefit technician/State of Florida Deferred Compensation Office at (850) 488-7186

|  |  |
| --- | --- |
| **Date and Time Funds Received** |  |
| **Date Funds Deposited** |  |
| **Total Remittance** |  |
| **Tracking Number** |  |

**NOTE: The date the funds are received must be the same date that the funds are deposited into the participant’s account.**

Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*The disclosure of a participant’s social security number or taxpayer identification number is required. 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. The participant’s social security number or taxpayer identification number will be used as an identifying number for purposes of federal tax law.**

DFS-J3-1166 (rev. 01/13) Adopted in Rule 69C-6.003, F.A.C.