

State Senior Management Service Employees Retirement Plan Enrollment Form

As a new employee covered by the Florida Retirement System (FRS), your enrollment deadline depends on the plan you choose. See Section 1 for deadline information. To make your plan choice, you must complete this form. You must be actively employed earning salary and service credit when your form is received by the FRS Plan Choice Administrator. If you do not actively enroll, you will default into the FRS Pension Plan (see Section 1 below). Before you enroll, use the FREE resources offered by the FRS to help you understand the impact of your decision. These resources include:

- The toll-free MyFRS Financial Guidance Line at 1-866-446-9377. Option 2.
- The CHOICE SERVICE online benefits projection tool, available at MyFRS.com or through the MyFRS Financial Guidance Line Option 2.
- Senior Management Service Optional Annuity Program marketing companies.

SECTI	ON 1: RETIREMENT	PLAN CHOICE OPTIONS				
ivaille	(Last Name)		(First Name)	(Middle Initial)		
Social S	security Number:		Date of Birth:			
l want	to enroll in: (Choose o	only one by marking an X in	the appropriate box.)			
	adline for options 1, 2 of hire.	, and 3 is 4:00 p.m. ET on th	e last business day of the 5 th r	nonth following your		
C	esigned for longer-tern	n employees. It will pay you a	ervice Class. (Review Section 4 guaranteed monthly retirement b a benefit after 8 years of servi	enefit based on a formula		
a [2. The FRS Investment Plan for Senior Management Service Class. (Review Section 4 and complete Sections 2 and 5.) Designed for a more mobile workforce. Your benefit is based on the amount of money contributed to your account and its growth over time. You qualify for a benefit after 1 year of service.					
□ <u>3</u> □ f	. The FRS Hybrid Opt Designed to freeze you	ion. (Review Section 4 and co r already accrued Pension P utions. You must have com	-			
□ <u>4</u> S Y	. The Senior Manage Sections 3 and 5.) You choose to switch to ate of this election.	to the SMSOAP and retain a	following your date of hire. uity Program (SMSOAP). (Revany FRS Pension Plan benefit the following Employer Certific	you have accrued as of the		
•	ng Agency Name:	r employer MOST complete t	Agency Number:	auon.		
Position		Position Number:	Date of Employment:			
I CERTI	FY that the above inforn		er is employed in a SMSOAP-eligi	ble position and has		
	. ,					
Title: _	Phone Number (Area Code):					
SECTION Section		NT PLAN FUND SELECTION	S (Complete this section only if you	selected Option 2 or 3 in		

You have a suite of 10 retirement date funds and 11 investment options to choose from on this page. Please use the free MyFRS Financial Guidance Program resources to help you understand your investment fund choices. You can change your investment fund selections after your account is activated by calling the MyFRS Financial Guidance Line, Option 4, or logging onto MyFRS.com. (Transfer restrictions may apply.)

How to enter your investment fund selection:

Write the percentage you wish to allocate to each investment option. Use whole percentages only.

- Choose your investment funds from retirement date funds, other investment funds OR from a combination of the two.
- The total of all your selections must equal 100%.
- If you do not select any investment funds below, you will be automatically defaulted to an appropriate Retirement Date Fund based on your current age.

RETIREMENT DATE FUNDS: If you are unsure about which investment funds to choose, you may want to consider a diversified investment portfolio that bests fits your career time horizon until anticipated retirement date. Retirement Date Funds are designed to offer diversified portfolios for members who would rather use professionally managed asset allocation funds rather than build their own retirement portfolios. These Funds are designed to provide a single fund whose asset allocation changes over time during your working career. If you select this option, you are selecting a fund based on factors such as your age as of July 1st of this year and a projected retirement date appropriate for your retirement goals. The asset allocation of these funds is subject to change. Funds and fees are as of June 1, 2014.

You might consider the following if you are <u>Regular Class</u> and:	You might consider the following if you are <u>Special</u> <u>Risk</u> or <u>Special Risk Admin</u> and:	Fund Name	Percentage
Age 26 or younger		FRS 2055 Retirement Fund (\$1.00)	%
Age 27 to Age 31	Age 26 or younger	FRS 2050 Retirement Fund (\$1.00)	%
Age 32 to Age 36	Age 27 to Age 31	FRS 2045 Retirement Fund (\$1.00))	%
Age 37 to Age 41	Age 32 to Age 36	FRS 2040 Retirement Fund (\$1.00)	%
Age 42 to Age 46	Age 37 to Age 41	FRS 2035 Retirement Fund (\$1.00)	%
Age 47 to Age 51	Age 42 to Age 46	FRS 2030 Retirement Fund (\$1.20)	%
Age 52 to Age 56	Age 47 to Age 51	FRS 2025 Retirement Fund (\$1.90)	%
Age 57 to Age 61	Age 52 to Age 56	FRS 2020 Retirement Fund (\$2.50)	%
Age 62 to Age 66	Age 57 to Age 61	FRS 2015 Retirement Fund (\$3.10)	%
Age 67 or Older	Age 62 or Older	FRS Retirement Income Fund (\$3.40)	%

<u>OTHER INVESTMENT FUNDS:</u> If you prefer to create your own customized portfolio choose from the investment funds listed below. A "B" after a fee means the fund will automatically block trades from occurring under certain circumstances. Funds and fees are as of June 1, 2014.

Asset Class Description	Fund Name	Percentage
Money Market	FRS Money Market Fund (\$0.58)	%
Real Assets	FRS Real Assets Fund (\$7.20)	%
Bond FRS U.S. Bond Enhanced Index Fund (\$0.50)		%
	Pyramis Intermediate Duration Pool Fund (\$1.12)	%
	FRS Core Plus Fixed Income Fund (\$5.30)	%
US Equity	FRS U.S. Large Cap Equity Fund (\$4.10)	%
	FRS U.S. Stock Market Index Fund (\$0.20)	%
	FRS U.S. Small/Mid Cap Equity Fund (\$6.40)	%
Foreign US Equity	FRS Foreign Stock Index Fund (\$0.30 B)	%
	American Funds EuroPacific Growth Fund (\$5.00 B)	%
Global Equity	American Funds New Perspective Fund (\$4.50 B)	%
	TOTAL MUST EQUAL 100%	%

An Important Note About Fees:

Each investment fund charges an annual fee based on a percentage of the balance invested in that fund. Fees will vary by fund and are automatically deducted from your account. These are the only fees you will pay as an active member of the FRS Investment Plan. To make it easier for you to compare fees, the dollar amounts listed (in **bold italics**) next to the name of each FRS Investment Plan fund are the first-year annual fee for a \$1,000 account balance. **Note:** The fees listed on this form may have changed since the form was printed. For the latest fee and fund information, visit MyFRS.com. Fees reduce your retirement benefit. Over 30 years, an annual fee of 0.50% on a fund (\$5 per \$1,000 account balance) will reduce your final account balance by approximately 15%. For more information about each FRS Investment Plan fund, please review the fund profiles and the Investment Fund Summary available at MyFRS.com or call the MyFRS Financial Guidance Line to speak with an unbiased financial planner.

SECTION 3: SMSOAP FUND SELECTIONS (Complete this section only if you selected Option 4 in Section 1.)

SMSOAP RESOURCES. Please designate the company(ies) in which you wish to participate, with the portion of the contribution you wish to designate to each. You should also indicate any employee after tax contributions you wish to make to each fund. Be sure to contact the marketing companies for the SMSOAP investment funds to get your questions answered.

How to enter your investment fund selection: Write the percentage you wish to allocate to each investment option for employer/mandatory employee contributions and any after-tax contributions you will make. Use whole percentages only. The total of all your selections must equal 100%.

Marketing Company	plus 3% Mandatory Employee Contributions (Must equal 9.27% of your salary)	Your Voluntary Contributions (Not to exceed 6.27% of your salary)
ING	%	%
Great-West Life and Annuity Insurance Co	%	%
TOTAL	9.27%	%

I have reviewed the investment fund options offered by the above marketing companies and have signed the necessary contract(s) with the company(ies) for the deposit of your contributions as noted above.

SECTION 4: BENEFICIARY DESIGNATION

If I chose Option 1, 2 or 3, I understand that I can designate a beneficiary at any time. If I do not designate a beneficiary, my benefits (if any) will be distributed in the event of my death in accordance with s. 121.091(8) or s. 121.4501(20), Florida Statutes, as applicable. I can designate a beneficiary by completing a Beneficiary Designation Form (BEN-001 Pension Plan or IPBEN-1 Investment Plan). Both forms are available online at MyFRS.com or by calling the MyFRS Financial Guidance Line. If I chose Option 4, in order to designate a beneficiary for the SMSOAP, I understand that I must contact the providers for those plans.

SECTION 5: AUTHORIZATION (All participants MUST complete this section.)

IMPORTANT INFORMATION: Before signing this enrollment form, be sure to read the following information:

If you elected Options 1, 2, or 3 in Section 1, you understand that you have a one-time future opportunity, called the 2^{nd} Election, to switch to the other FRS retirement plan during your FRS career, and that there may be a cost for doing so. You understand that you **cannot** file a 2^{nd} Election using this form. You understand you can find a description of your rights and responsibilities under the Pension Plan and the Investment Plan in the respective Summary Plan Descriptions, Florida Statutes, Administrative Rules, and by calling the MyFRS Financial Guidance Line, Option 2, or visiting MyFRS.com.

<u>If you selected Option 1 in Section 1</u> (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 Legislature may increase or decrease the amount that you and your employer contribute to this plan to keep it actuarially funded.

If you selected Option 2 in Section 1 (Elected the Investment Plan): You understand and acknowledge 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 requirement of the Pension Plan. You can find out the accrued value in your Pension Plan account by calling the MyFRS Financial Guidance Line, Option 3, to connect to the Division of Retirement. The initial transfer amount is an estimate and your account will be reconciled within 60 days of that transfer using your actual FRS membership record pursuant to Florida law and the reconciled amount could be more or less than the estimated amount of the transfer and that your account will be adjusted accordingly. You direct all future contributions be deposited in your Investment Plan account.

If you selected Option 2 or 3 in Section 1 (Elected the FRS Investment Plan or FRS Hybrid Option): You acknowledge and understand that you reviewed the Fund Profiles, the Investment Fund Summary, and the Annual Fee Disclosure Statement in the "Investment Funds" section at MyFRS.com before selecting any investment funds or submitting this form. You can change your fund allocations at any time after your account is activated by logging onto MyFRS.com or calling the toll-free MyFRS Financial Guidance Line, Option 4. Your account will be available by the end of the effective month of this election. If you didn't choose specific investment funds, you direct your assets to be invested in an age-appropriate retirement date fund based on your current age. 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, and you may be subject to trading controls on other funds in the event that you trade excessively.

You also acknowledge and understand that investment management fees will be deducted from your Investment Plan account and that these fees may change in the future and that funds may be added or terminated. If any of the funds you select in the Investment Plan are terminated in the future, you will be able to move your assets into other investment funds prior to termination. Otherwise, your assets in the terminated fund(s) will automatically be moved into a replacement fund designated at that time. If you terminate employment and am 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 understand that Sections 121.4501(8)(b)2 and 121.4501(15)(b) of Florida law 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.

You understand that the Investment Plan is a defined contribution plan in which the Florida Legislature can increase or decrease the amount that you and your employer contribute to your account.

If you selected Option 4 in Section 1 (Elected the SMSOAP): You understand you elected the SMSOAP and you must execute a contract with a SMSOAP provider during your first 90 days of employment or you will default into the Pension Plan. You also understand that your membership in any other state-administered retirement plan will terminate on the effective date of your enrollment in the SMSOAP. You understand, as a member of the SMSOAP, you are not eligible for disability retirement benefits under any FRS-administered retirement plan. You understand the State of Florida does not guarantee nor insure the benefits paid under this program. You understand that your payroll-deducted contributions are pretax and that it is mandatory to contribute 3% of your salary to the Plan. The 3% mandatory contributions will be sent to the same provider company as receives the employer contributions. You have the option to make additional post-tax contributions of up to 6.27% of your eligible compensation.

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Signature	Date	Daytime Telephone Number
E-mail Address (Optional)	Employing Agend	cy Name (Optional)

FAX OR MAIL YOUR COMPLETED FORM TO:

SIGN HERE (Your form cannot be processed without your signature.)

Fax: 1-888-310-5559 (Do **not** include a cover sheet and retain the original for your records)

Mail: FRS Plan Choice Administrator

P.O. Box 785027 Orlando, FL 32878-5027

(Do **not** mail this form to your employer or to the Division of Retirement and retain a copy for your records.)

Carefully review your form and make sure you sign and date it before mailing it. Please keep a copy for your records. **CAUTION:** Your form will not be processed if you submit a form that does not indicate your plan choice or your Social Security number, or does not have your signature. You will be notified if your form is incomplete and was not processed. You must resubmit a completed form in order for your plan choice election to be processed.

Your choice will become final at 4:00 p.m. ET on the day it is received by the FRS Plan Choice Administrator.

- FRS PENSION OR INVESTMENT PLAN: Your Enrollment Form must be received on or before 4:00 p.m. on the last business day of the 5th month following your month of hire. If you elected the FRS Pension Plan, FRS Investment Plan, or FRS Hybrid Option, you have a one-time future opportunity, known as your 2nd Election, to change plans during your FRS career. You can review information about the 2nd Election at MyFRS.com.
- **SMSOAP:** Your enrollment form must be received on or before 4:00 p.m. ET on the 90th day following your date of hire.

A confirmation statement will be mailed to your address of record once your completed form is received and processed. Please allow 2 to 3 weeks to receive it. (Your address of record is submitted to the FRS by your employer. Make sure your employer is notified of any address changes.)