



Florida Retirement System

# 2<sup>nd</sup> Election EZ Retirement Plan Enrollment Form



Before completing this form, read the information on page 2.

**RETIREMENT PLAN 2<sup>nd</sup> ELECTION (You MUST complete this form and return it to the address noted below.)**

<u>PLEASE PRINT</u> LAST NAME	FIRST	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

I am exercising my one-time 2<sup>nd</sup> Election to: (Choose only one by marking an X in the appropriate box.)

- 1. **Change from the FRS Investment Plan or FRS Hybrid Option to the FRS Pension Plan** (Review Sections 1 and 2.) You understand you are using your existing Investment Plan account balance and possibly other personal resources to “buy” into the Pension Plan.
- 2. **Change from the FRS Pension Plan to the FRS Investment Plan** (Review Sections 1, 2 and 3.) You understand you are transferring the present value, if any, of your Pension Plan benefit to the Investment Plan. You understand that future employee and employer contributions will be deposited in your Investment Plan account and that your assets will be deposited in an age appropriate Retirement Date Fund based on your current age. (If you are currently a member of the Hybrid Option, you cannot select this option.)
- 3. **Change from the FRS Pension Plan to the FRS Hybrid Option** (Review Sections 1, 2 and 3.) You understand you are retaining any accrued benefit in the Pension Plan and future employee and employer contributions will be deposited in your Investment Plan account and that your assets will be deposited in an age appropriate Retirement Date Fund based on your current age. To select this option you must have 8 years of Pension Plan service if you were initially enrolled in the FRS on or after July 1, 2011 or 5 years of Pension Plan service if you were initially enrolled in the FRS prior to July 1, 2011.

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

By signing this form, I acknowledge that I have read and understand the information on page 2 and certify all completed information above to be true and correct.

_____ Signature	_____ Date	_____ Daytime Telephone Number
_____ E-mail Address (optional)	_____ Employing Agency (optional)	

**FAX OR MAIL YOUR COMPLETED FORM TO:**

**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.)

**CAUTION: Your form will not be processed if you submit a form that does not indicate your 2<sup>nd</sup> Election plan choice or does not have your signature or Social Security number.** You will be notified if your form is incomplete and was not processed. You must submit a new completed form in order for your 2<sup>nd</sup> Election to be processed. Keep a copy for your records.

**Your 2<sup>nd</sup> Election will become final at 4:00 p.m. ET on the day it is received** by the FRS Plan Choice Administrator. This form must be received by the FRS Plan Choice Administrator no later than 4:00 p.m. ET on the last business day you are earning salary and service credit and **prior** to your date of termination or it will be invalid. If you later feel this retirement plan choice was made in error, you may be able to cancel it. Please call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2. Failure to notify us prior to the last business day of the month following your election month will void your right to cancel this election.

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 provided to the FRS by your employer. It is your responsibility to make sure your employer is notified of any address changes.

**IMPORTANT INFORMATION - Review Carefully**

Your 2<sup>nd</sup> Election retirement plan change becomes effective on the first day of the month after the Plan Administrator receives your form, provided it is complete and signed. **You must be actively employed earning salary and service credit when your form is received by the FRS Plan Choice Administrator.** If you are leaving FRS-covered employment, this form must be received prior to your termination date. If you are on an unpaid leave of absence or you are an employee of an educational institution on summer break, you cannot use your 2<sup>nd</sup> Election until you return to work. If it is subsequently determined that you were not eligible to make a plan choice, your election will be considered invalid and will be reversed. For your plan change to occur in a specific

**MyFRS Financial Guidance Line 1-866-446-9377 (TRS 711) ■ MyFRS.com**

month, the form must be received no later than 4 PM ET on the last business day of the month prior to the effective month. If you have questions, call the MyFRS Financial Guidance Line. **Before you change retirement plans**, take advantage of the **FREE** resources offered through the MyFRS Financial Guidance Program to help you understand the impact of changing from one plan to another. These resources include the toll-free MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 and the 2<sup>nd</sup> Election CHOICE SERVICE, an online benefits projection tool available at MyFRS.com or by calling the MyFRS Financial Guidance Line.

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## **SECTION 1: BENEFICIARY DESIGNATION**

You can designate a beneficiary at any time. If you do not designate a beneficiary, your benefits (if any) will be distributed in the event of your death in accordance with s. 121.091(8) or s. 121.4501(20), Florida Statutes, as applicable. You 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.

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## **SECTION 2: PLAN CHOICE**

You understand that your one-time 2<sup>nd</sup> Election is irrevocable and that you must remain in the plan you chose on page 1 until your FRS-covered employment ends and you retire.

**If you selected Option 1 (Page 1):** 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. You have elected to switch to the Pension Plan and understand there may be a buy-in cost to make this plan change. You can find out the buy-in cost by calling the MyFRS Financial Guidance Line, Option 3, to connect to the Division of Retirement. You understand you may be required to pay an additional amount if the buy-in cost is greater than your current Investment Plan account balance. You authorize the Investment Plan Administrator to use any funds in your Investment Plan account to activate your 2<sup>nd</sup> Election to switch to the Pension Plan. These funds may include prior-career benefits and rollover money in your account. You understand you have the ability to move your Investment Plan account balance into conservative investment options within the Investment Plan in order to potentially reduce the volatility of your account balance prior to liquidation and movement to the Pension Plan.

**If you selected Option 2 (Page 1):** You understand and acknowledge the following: You have elected to switch to the Investment Plan and that any accrued value you may have in the Pension Plan will be transferred to the Investment Plan as your opening account and any Pension Plan accrued value transferred to your account will be subject to the vesting requirement of the Pension. You can find out the accrued value of 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 pursuant to Florida law using your actual FRS membership record. The reconciled amount could be more or less than the estimate you receive and your account will be adjusted accordingly. You direct all future contributions be deposited in my Investment Plan account.

**If you selected Option 3 (Page 1):** You understand and acknowledge that you have elected to switch retirement plans to the Hybrid Option and that the accrued value of your current Pension Plan benefit will remain in your Pension Plan account. You understand that an Investment Plan account will be established to receive all future contributions.

**If you selected Option 2 or 3 (Page 1):** You understand and acknowledge that your Plan assets will be invested in an age appropriate Retirement Date Fund based on your current age as provided under Plan provisions, that other investment funds are available to you, and that you can change your fund allocations at any time after your account is activated by logging onto MyFRS.com or by calling the toll-free MyFRS Financial Guidance Line, Option 4. You understand that your account will be available at the end of your effective date month, and you should review the Fund Profiles, the Investment Fund Summary and the Annual Fee Disclosure at MyFRS.com before selecting any investment funds or submitting this form. You understand that 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 understand that investment management fees will be deducted from your Investment Plan account, that these fees may change in the future and that funds may be added or terminated. You understand that 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. If you do not move your assets in the terminated fund(s), they will automatically be moved into a replacement fund designated at that time. You understand that if you terminate FRS-covered employment and you 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 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.

You can find a description of your rights and responsibilities under the Pension Plan, the Investment Plan and the Hybrid Option in the respective Summary Plan Descriptions, Florida Statutes, and Administrative Rules by calling the MyFRS Financial Guidance Line, Option 2, or visiting MyFRS.com.

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## **SECTION 3: INVESTMENT PLAN FUND SELECTIONS (Review if you selected Option 2 or 3 on page 1)**

You have a suite of 10 retirement date funds and 11 investment options to choose from. Please use the free MyFRS Financial Guidance Program resources to help you understand your investment fund choices.