

Personal Data

(To be completed by Member)

Name (Please Print) _____ Social Security Number _____ / _____ / _____
Home Address _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____
City _____ State _____ Zip Code _____ Daytime Telephone Number (____) _____
Employer Name _____ Evening Telephone Number (____) _____

Distribution

- Distribute Calculated 2008 Required Minimum Distribution by December 31, 2008.
- I am still employed and elect to delay distribution of my benefits to a later date.
- Distribute Calculated 2008 Required Minimum Distribution by April 01, 2009. This option is only available if this is the initial Required Minimum Distribution from your FRS Investment Plan.

Federal Tax Withholding

10% Default tax withholding

OR

Other-- please indicate amount _____% (whole percentages only or zero)

Note

Note: Life expectancy is calculated using an actuarial table prepared by the United States Department of the Treasury. If you have any questions regarding this transaction, please call the MyFRS Financial Guidance Line at 1-866-44MyFRS (1-866-446-9377 or TTY 1-888-429-2160) to be connected to an Ernst & Young Financial Planner or the FRS Investment Plan Administrator. Additional information about the FRS Investment Plan can also be found at www.MyFRS.com.

Please Sign and Date Form:

I understand I have a right to receive and review the Special Tax Notice Regarding Plan Payments no less than 30 and no more than 90 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30-day minimum notice period, this election shall constitute a waiver of my rights to the 30-day notice requirement.

I attest that the information provided on this form is true. I understand that I may be subject to civil and criminal liability for any false statement on this form or any papers attached to or related to this form or my claim under the FRS Investment Plan.

Signature

Date

(Over)

SECTION TO BE COMPLETED BY:

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Signature of Notary Public

Personally Known _____

OR

Produced Identification _____

Type of Identification Produced _____

Printed Name of Notary Public

(NOTARY SEAL)

OR SIGNATURE GUARANTEED

Signature Guarantor:

(AUTHORIZED OFFICER TO PLACE STAMP HERE)

Title/Name of Institution

RETURN COMPLETED FORM:

**TO: FRS Investment Plan Administrator
P.O. Box 56290
Jacksonville, FL 32241-6290**

If you have any questions or need additional information, please call the MyFRS Financial Guidance Line at 1-866-446-9377 or TTY 1-888-429-2160 and speak to an Ernst & Young Financial Planner.

**Carefully review your form. Be sure you have signed and dated the form.
Be sure the form has been notarized or signature guaranteed.
Make a copy of the form for your records.**

Social Security Number: _____ / _____ / _____