

EZ Retirement Plan Enrollment Form for Regular, Special Risk and Special Risk Administrative Support Class Employees

As a new employee covered by the Florida Retirement System (FRS), your enrollment DEADLINE is 4:00 PM ET on the last business day of the 5th month following your month of hire. This is a short or "EZ" FRS enrollment form. You may choose to use the general enrollment form (Form ELE-1; see Section 2 below). If you have your Personal Identification Number (PIN), you can also enroll online at MyFRS.com or by calling toll-free at 1-866-446-9377; (TTY: 1-888-429-2160). **If you do not enroll**, you will be a member of the FRS Pension Plan (see Section 1 below).

Before you enroll: Use the **FREE** help offered through the MyFRS Financial Guidance Program, including the:

- Toll-free MyFRS Financial Guidance Line at 1-866-44-MyFRS (1-866-446-9377; or TTY: 1-888-429-2160); **and**
- **CHOICE SERVICE** benefits projection software, available at MyFRS.com or on the Financial Guidance Line.

Section 1: Retirement Plan Choice

Please Print:

Name _____
(Last Name) (First Name) (Middle Name)

Social Security Number _____ — _____ — _____

I want to enroll in: (Choose only one by making an X in the appropriate box.)

☐ **1. The FRS Pension Plan.**

Designed for longer-term employees. It pays you a guaranteed monthly retirement benefit based on a formula that includes service and salary.

You qualify for a benefit after 6 years of service.

(Please read and complete Section 3)

☐ **2. The FRS Investment Plan.**

Designed for a more mobile workforce. Your benefit is based on how much money is contributed to your account and how well that money grows over time when invested.

You qualify for a benefit after 1 year of service.

(Please read Section 2 and read and complete Section 3)

Section 2: Investment Options

(Read this Section if you checked Box 2 in Section 1)

You have 27 investment options to choose from, including: 3 balanced funds, 15 stock funds, 6 bond funds, 1 TIPS fund and 2 money market funds. By using this EZ Form, you are choosing to have your employer contributions (including any transfers from the Pension Plan) invested in the FRS Select Moderate Balanced Fund. This Fund is a low-cost and moderate risk investment option that invests in a balanced mix of stock, bond, TIPS and money market funds. The Fund's mix of investments will fluctuate over time. You may change your investment fund selection after your account is activated.

If you want to choose other investment funds when enrolling, you should use General Form ELE-1, enroll online at MyFRS.com or call toll-free at 1-866-446-9377. You can review all the funds and their fees by reading the Investment Fund Summary and Fund Profiles on MyFRS.com or by calling the MyFRS Financial Guidance Line.

Section 3: Authorization

(All members MUST read and complete this section)

1. IMPORTANT INFORMATION

I understand that I can find a description of my rights and responsibilities under the FRS Pension Plan and the FRS Investment Plan in the respective Summary Plan Descriptions and Florida Statutes, available through the MyFRS Financial Guidance Line or at MyFRS.com. **I understand that if I already have more than five years of FRS service that I could enroll in the Hybrid Option. If I am interested in the Hybrid Option, I need to contact the MyFRS Financial Guidance Line and should not file this form.**

I understand that by filing this form, I have designated that my benefit, in the event of my death, will be distributed in accordance with s. 121.091(8), Florida Statutes, as applicable. I understand that I may designate alternative beneficiaries 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.

(Please sign the reverse side for your election to be effective)

Call the toll-free MyFRS Financial Guidance Line at 1-866-44-MyFRS (1-866-446-9377; or TTY: 1-888-429-2160) or visit www.MyFRS.com for free, unbiased information and guidance on your retirement plan options.

If you checked Box 1 in Section 1:

I understand that I have elected the FRS Pension Plan. I understand that I have a one-time future opportunity to switch to the FRS Investment Plan during my FRS career. I understand that I **cannot** file a second plan election using this form.

If you checked Box 2 in Section 1:

I understand that I have elected to join the FRS Investment Plan. Any accrued value I may have in the FRS Pension Plan will be transferred to the Investment Plan. I understand the initial transfer amount is an estimate and that within 60 days of that transfer, there will be a reconciliation pursuant to Florida law, which will use my actual FRS membership record. The amount could be more or less than the estimate I received. I will also have future employer contributions sent to my Investment Plan account.

I am authorizing that my assets be invested in the **FRS Select Moderate Balanced Fund** as set out in Section 2 above, and understand that other investment funds are available to me. I understand that I can change my fund allocations at any time after my account is activated by accessing MyFRS.com or by calling the toll-free MyFRS Financial Guidance Line. I understand that the account will be available by the end of the month following the effective date of this election. I understand that I should review the Fund Profiles and the Investment Fund Summary at MyFRS.com before selecting any investment funds or filing this EZ Form. I understand that information on investment funds will be provided in electronic format, unless I request hard copies.

I understand that investment management fees will be deducted from my Investment Plan account. I also understand that these fees may change in the future and that funds may be added or terminated. I understand that if any of the funds I select in the FRS Investment Plan are terminated in the future, I will be able to move my assets into other investment funds prior to termination. Otherwise, my assets in the terminated fund(s) will be automatically moved into a replacement fund designated at that time.

I understand that Sections 121.4501(8)(b)4 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 I exercise control over the assets in my 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 my account which results from my exercise of control.

I understand that I have a one-time future opportunity to switch to the FRS Pension Plan at any time during my FRS career, and that there will be a cost for doing so. I also understand that I **cannot** file a second plan election using this form.

_____ Signature	____/____/____ Date	(____)_____ Daytime Telephone Number
Social Sec. No: ____/____/____	_____ E-mail Address (optional)	_____ Employing Agency Name (optional)

2. Mail your completed Form to:
FRS Plan Choice Administrator
P.O. Box 56290
Jacksonville, FL 32241-6290

3. Your choice will be final at 4:00 p.m. (Eastern Time) on the day it is received. The FRS Plan Administrator **must** receive your Enrollment Form prior to 4:00 PM ET on or before the last business day of the 5th month following your employment date. No matter which plan you select you will have a one-time second opportunity to change plans during your FRS career. You may review the details at MyFRS.com.

4. 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 employer submits your address of record to the FRS. Make sure your employer is notified of any address changes.)

Carefully review your form and be sure you've signed and dated it. Please keep a copy for your records.
If you submit a form that is incomplete, it will not be processed.
The incomplete form will be returned to you to add any missing information.