

PRO-1  
4/02  
Rule (2)  
Calculations

**Florida Retirement System  
Pension Plan  
Pretax Direct Rollover Form**



Division of Retirement  
2639 N. Monroe Street Bldg. C  
Tallahassee, FL 32399-1560  
850-488-6491 SUNCOM 278-6491

**I. Member Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Mailing Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Member or Beneficiary of Deceased Member Acceptance:**

I understand that this Direct Rollover to the Florida Retirement System (FRS) is for the express purpose of purchasing service credit under the FRS. Furthermore, I understand that I will not earn interest on my personal contributions (including these rollover funds) in the FRS. I certify that I am not rolling over any of my required minimum distribution amount from my current account. I understand that to avoid the interest, this payment must be received by the FRS no later than June 30.

Amount of Rollover Requested: \$ \_\_\_\_\_

Member or Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Trustee/Custodian Information - THIS SECTION MUST BE COMPLETED BY CUSTODIAN OF ELIGIBLE PLAN**

Account type: (Check one only\*) 401(a) \_\_\_ 403(a) \_\_\_ 403(b) \_\_\_ 408(a) \_\_\_ 408(b) \_\_\_ 457(b) \_\_\_  
\*Only one account type is allowed per form. Additional forms must be completed for each account type.

Amount of Rollover: \$ \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodian Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**This completed form and a check payable to the Florida Retirement System should be mailed to the above address. Make sure the member's social security number is on the face of the check.**