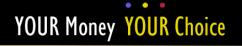


Please Print:

Last Name



First Name



Social Security Number

TRANSFER REQUEST FORM Excessive Fund Trading Policy Violators

As a result of excessive trading, restrictions have been placed on your Investment Plan account. Trading is only permissible by completing and mailing this form via U.S. mail, certified/return receipt requested, to the Office of Defined Contribution Programs (make copies of this form as needed). Please note a transfer of funds will only occur if the request complies with the FRS Investment Plan Excessive Fund Trading Policy. If you have questions regarding completing this form or the Excessive Fund Trading Policy, contact the FRS Investment Plan Administrator at 1-866-446-9377 (TRS 711).

Section 1: General Information

Middle Initial

Street Address			City	State	Zip		
Work Telephone Number Home Telephone Nu			ne Nu	mber	Email		
Investme number	e the table below indicating the ent Fund Summary on MyFRS.c or name is unclear. Also, be sur are transferring from cannot be	e funds and a com for the col re you have su	moun rect fo fficien	ts you are und numb t assets ir	ers and names. A transfer your account to execute	er will not occu the transfer(s).	r if the fund Note that a
Fund Transfer FROM (indicate specific dollar amount or percentage you are transferring from each fund)				Fund Transfer TO (indicate specific percentage you are transferring to each fund)			
Fund #	Fund Name	\$ Amount	%	Fund #	Fund Name		%
				-			
				-			
					TOTAL MUST E	QUAL 100%	

Section 3: Authorization

Please sign, date, and mail this notarized form via U.S. mail, certified\return receipt requested, to the address below. Transfer of funds will occur as soon as practicable after receipt of a form in good order. You can confirm the transfer by either calling the FRS Investment Plan Administrator at 1-866-446-9377, Option 4, or logging on to MyFRS.com. Please keep a copy of this form for your records.

We will not execute a transfer if <u>any</u> of the following condition(s) apply: the form is not notarized; the form is incomplete in any way; the form is submitted by fax, email, private courier, or any other manner besides U.S. mail, certified\return receipt requested; it is unclear what fund(s), dollar amount(s), or percentage(s) are to be transferred; it is unclear into what fund(s) the amount(s) are to be transferred; the account does not contain sufficient assets to execute the transfer(s); or the transfer request does not comply with the FRS Investment Plan Excessive Fund Trading Policy. If you submit a form that does not comply with any of the items listed above, we will attempt to contact you by telephone, email, or US mail. Submission of a corrected notarized form to the Office of Defined Contribution Programs via U.S. mail, certified/return receipt requested, will be required to execute a transfer.

This form is only valid for transfers of funds for accumulated amounts in your Investment Plan account, and not future contributions. If you want to change the funds receiving future contributions, contact the FRS Investment Plan Administrator at 1-866-446-9377 (TRS 711).

Signature	//					
	Section 4: Notarization of Signature					
STATE OF						
The foregoing instrument was acknow), by					
(NOTARY SEAL)	Signature of Notary Public					
	Printed Name of Notary Public					
Personally Known OR Produced Identification						
Type of Identification Produced						

Mail this notarized form via U.S. mail, certified\return receipt requested, to:

Office of Defined Contribution Programs State Board of Administration of Florida 1801 Hermitage Blvd., Suite 100 Tallahassee, FL 32308

Approved by	SBA

EFTPV-1 Rev. 06-2010 19-11.004 F.A.C.

SSN: _____/___/____/