

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 any 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 Date

Section 4: Notarization of Signature

STATE OF _____

COUNTY OF _____

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