

**Florida Retirement System  
Pension Plan (401(a) Plan)  
Pretax Direct Rollover/Transfer Form**



PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

**INSTRUCTIONS:** The member must complete Section I and II. This form should then be sent to the provider company who has physical control of the funds. The custodian/trustee of the provider company must complete Section III. The provider company is responsible for remitting the check and sending the PRO-1 form.

**I. Member Information:**

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

**II. Member:**

In accordance with the Economic Growth and Tax Relief Reconciliation Act (EGTRRA), I request a direct rollover or trustee to trustee transfer, if applicable, be made to the Florida Retirement System (FRS) which is a 401(a) qualified plan. I understand that this rollover/transfer is for the express purpose of purchasing or upgrading service credit under the FRS and 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 additional interest, the FRS must receive this payment no later than June 30.

Amount of Direct Rollover/Transfer Requested:\$ \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Account type: Only one account type is allowed per form. Additional forms must be completed for each account type.

**401(a)** \_\_\_\_\_ Qualified Retirement Plan    **401(k)** \_\_\_\_\_ Qualified Retirement Plan    **403(b)** \_\_\_\_\_ Tax-Sheltered Annuities  
**408(a)** \_\_\_\_\_ Traditional IRA    **408(b)** \_\_\_\_\_ IRA Annuity    **457(b)** \_\_\_\_\_ Deferred Compensation Plan

\_\_\_\_\_ Please check if this is a trustee to trustee transfer.

Amount of Direct Rollover/Transfer: \$ \_\_\_\_\_

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

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

Trustee/Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**This completed form and a check payable to the Florida Retirement System must be mailed to the FRS at the above address. Make sure the member's social security number is on the face of the check. To wire transfer the funds to the FRS, please call our Accounting office at (850) 414-6334 or (850) 488-6883 for instructions.**