

PARTICIPANT ROLLOVER INSTRUCTIONS

To roll money into the Florida Municipal Pension Trust Fund (FMPTF) 401(a) or 457(b) retirement plans, you must have your check made out to:

TDA Trust Company FBO FMPTF FBO 'Participant Name'

If you do not have a check yet, you need to contact the organization that currently administers your retirement account. Once they have issued the rollover check to you, make sure it is forwarded to the FMPTF as soon as possible. Tax consequences may occur for waiting more than 60 days before depositing the assets.

Once you have the check made out appropriately, please mail it and the rollover acceptance form to:

FMPTF
c/o DC Program
PO Box 1757
Tallahassee, FL 32302-1757

The rollover funds will be invested according to your account investment elections. Your rollover will start earning gains and losses in the investment funds you have selected as soon as it is deposited and the check has cleared.

Additional information is available at www.FLCretirement.com



FMPTF 401(a) Defined Contribution and 457(b) Deferred Compensation ROLLOVER ACCEPTANCE FORM

1. Plan Selection (please select the plan that you want your assets rolled into)

- 401(a) Defined Contribution 457(b) Deferred Compensation

2. Participant Data

Participant's Name: _____ Social Security No. _____

Street Address: _____ Phone Number: _____

City, State Zip: _____

Employer: _____

3. Source of Rollover – The Florida Municipal Pension Trust Fund accepts rollovers from the following sources:

- A qualified plan described in section 401(a) of the Code
- A plan described in section 403(a) of the Code
- A plan described in section 403(b) of the Code
- An eligible plan under section 457(b) of the Code which is maintained by a state, political subdivision of a state or any agency or instrumentality of a state or political subdivision of a state
- Participant Rollover Contribution from an IRA (pre-tax amounts only)

Please make sure the rollover check is made out to: **TDA Trust Company FBO FMPTF FBO 'Participant Name'**

4. Former Plan Information and Participant Certification

Name of Former Plan (Transferor Plan) _____

As a participant in the above referenced plan, I represent that: (1) the transferor plan is the type of plan indicated above; (2) the transferor plan has satisfied such requirements as the transferee plan may have established for the purpose of reasonably concluding the eligibility for acceptance of the transferred amount under the transferee plan; and (3) I understand that these rollover funds, once deposited in the Plan, will be subject to all provisions of the Plan, including all distribution restrictions, unless a protected optional form of benefit within the meaning of IRC Section 411(d)(6).

I understand that my rollover contribution must be made within 60 days after receiving the distribution from the other plan or the IRA. By signing and dating below, I hereby verify that I received this rollover within the last 60 days.

Signature _____

Date _____

For FMPTF use only

Authorized Signer

Date

Name/Title