

FLORIDA RETIREMENT SYSTEM ENROLLMENT PROCESS WORKSHEET

**THIS DOCUMENT, AND ALL REQUESTED INFORMATION, MUST BE COMPLETED
AND RETURNED PRIOR TO JOINING.**

GENERAL INFORMATION

_____	Current Retirement Plan	Please include, in a cover letter, explaining what will become of your current retirement plan(s). If you do not have a current retirement plan initial here _____
_____	Certified Financial Statement per Chapter 121.051(2)(b)1, if applicable	This document was used to create your organization.
_____	List of current employees	
_____	Establishing Document	
_____	Federal Identification Number	
_____	Contact Information	
	Person responsible for reporting:	
	Address:	
	Telephone Number:	
	Fax Number:	
	Email Address:	
I, _____ print name	certify that the above information is accurate.	

Signature

Date

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Children's Trust of Alachua County