



# Florida Municipal Pension Trust Fund 401(a) Deferred Compensation Plan Participation Agreement

## IDENTIFYING INFORMATION

SSN \_\_\_\_\_ Employer Name \_\_\_\_\_  
Mr/Mrs/Ms First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_ Date of Hire \_\_\_\_\_

## BENEFICIARY DESIGNATION

In accordance with the Plan, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following as provided below. Unless you specify otherwise, if you designate more than one beneficiary in any one class, the beneficiaries in the class will share equally.

**Primary Beneficiary:** (If more than one primary beneficiary is designated, provide all information for each primary beneficiary and percentage of benefit, which must equal among all primary beneficiaries 100 %.)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
\*Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Benefit Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contingent Beneficiary(ies):** (If more than one contingent beneficiary is designated, provide all information for each contingent beneficiary and percentage of benefit, which must equal among all contingent beneficiaries 100%. The designation of a contingent beneficiary is applicable under this plan benefit only if the primary beneficiary designated above is not living at the time of the participant's death. If more than one primary beneficiary is designated, contingent beneficiary (ies) must be identified specifically for each primary beneficiary.)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
\*Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Benefit Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Contingent Beneficiary(ies):**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
\*Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Benefit Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Contingent Beneficiary(ies):**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
\*Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Benefit Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Beneficiaries under legal age will be granted their appropriate distribution in accordance with this form unless a specific Custodial Trust was established prior to the death of the participant, or an estate settlement changes the designation. It is the responsibility of the beneficiary to notify the Trustee (Participant's Employer) of any existing custodial or other arrangement.*

*Social security numbers are requested and maintained on behalf of all plan participants, beneficiaries and retirees for data collection, reconciliation, tracking and benefit processing, tax reporting, and identity verification purposes. Social security numbers are also used as a unique number identifier and may be used for death record searches.*

*The right to revoke this designation by the participant is reserved by signing and filing with the (Employer, Board, Plan, etc.) a new beneficiary designation form. The consent of a participant's beneficiary to any change of beneficiary shall not be required.*

## PARTICIPANT AGREEMENT

**Investment Options – log into your account online to make your selections or contact FMPTF for help**

Asset Class	Fund Name	Symbol	Expense Ratio
Cash	Vanguard Prime Money Market	VMRXX	0.10%
Stable Value	Mellon Stable Value Fund	(no symbol)	0.41%
Bonds	Vanguard Intermediate-Term Bond Index	VBILX	0.10%
	Vanguard Total Bond Market Index	VBTLX	0.08%
	Vanguard Long-term Treasury	VUSUX	0.10%
	Vanguard Inflation Protected Securities	VAIPX	0.10%
Balanced	Vanguard Wellington	VWENX	0.18%
Stock	Vanguard Windsor II	VWNAX	0.28%
	Vanguard Institutional Index	VINIX	0.04%
	Vanguard PrimeCap	VPMAX	0.36%
	Vanguard Small-cap Index	VSMAX	0.09%
	EV Atlanta Capital SMID-Cap R6	ERASX	0.90%
International	Vanguard Total International Stock Index	VTIAX	0.14%
	Vanguard International Growth	VWILX	0.34%
	Vanguard International Value	VTRIX	0.43%
Real Estate	Vanguard REIT	VGSLX	0.10%
Target Retirement	Vanguard Target Retirement Income	VTINX	0.16%
	Vanguard Target Retirement 2010	VTENX	0.16%
	Vanguard Target Retirement 2015	VTXVX	0.16%
	Vanguard Target Retirement 2020	VTWNX	0.16%
	Vanguard Target Retirement 2025	VTTVX	0.17%
	Vanguard Target Retirement 2030	VTHRX	0.17%
	Vanguard Target Retirement 2035	VTTTHX	0.18%
	Vanguard Target Retirement 2040	VFORX	0.18%
	Vanguard Target Retirement 2045	VTIVX	0.18%
	Vanguard Target Retirement 2050	VFIFX	0.18%
	Vanguard Target Retirement 2055	VFFVX	0.18%

\* Investment options and expenses as of 3/23/2015

I hereby request to participate in the FMPTF 401(a) Retirement Plan and I agree to all provisions of the Plan and this agreement. I certify that everything I said on this form is true, correct, and complete. I certify, under penalties of perjury, that my Social Security Number shown above is correct. I am **not** domiciled in or a resident of any place other than the address shown above. I understand that I may be subject to civil and criminal penalties and punishment for any knowingly false statement on this form. If the Plan pays or fails to pay any benefit in reliance on my false statement, I will be liable for the Plan's damages, including (but not limited to) investigation expenses, legal fees and costs.

**By signing below, I acknowledge:**

- 1. Representatives of the Florida Municipal Pension Trust Fund (FMPTF) or the Florida League of Cities, Inc. cannot provide me with investment advice and they have not provided me with any investment advice.**
- 2. I am responsible for my decisions on investing in one or more of the investment options.**
- 3. I have read and agree to the terms of the FMPTF 401(a) Participation Agreement.**
- 4. The default investment for a participant that does not make an investment selection is an age-appropriate Vanguard Target Retirement Fund.**

\_\_\_\_\_  
(Print Name of Participant)

\_\_\_\_\_  
(Print Name of Witness)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date Witnessed)

\_\_\_\_\_  
Signature of Witness: Plan  
Official or Notary Public)

*Please submit completed, signed forms to **Your Human Resources Department***

### EMPLOYER'S INSTRUCTION AND APPROVAL

\_\_\_\_\_  
Authorized Signature on behalf of the Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Date of Hire

**Employer: please keep a copy for your files and send a copy to: FMPTF c/o DC Program, P.O. Box 1757, Tallahassee, FL 32302**