



## 457(b) Deferred Compensation Plan Participation Agreement

### IDENTIFYING INFORMATION

SSN/TIN \_\_\_\_\_ Plan Name \_\_\_\_\_  
Mr/Mrs/Ms First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Department Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Hire \_\_\_\_\_  
U.S. Citizen  Yes  No

### PAYROLL INFORMATION

Effective Date: \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_  
Salary Reduction per pay: \_\_\_\_\_% or \$ \_\_\_\_\_ x \_\_\_\_\_ Number of Pays = EE Annual Contributions \$ \_\_\_\_\_\*

\*Cannot exceed IRC Limits

### BENEFICIARY DESIGNATION

This designation revokes any previous beneficiary designation for this Plan. 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(ies):** *If more than two (2), attach additional sheets and check here*

(1) Name \_\_\_\_\_ Check one:  Spouse  non-Spouse  
Social Security Number or TIN \_\_\_\_\_ Percentage \_\_\_\_\_

(2) Name \_\_\_\_\_ Check one:  Spouse  non-Spouse  
Social Security Number or TIN \_\_\_\_\_ Percentage \_\_\_\_\_

**Contingent Beneficiary(ies):**

(1) Name \_\_\_\_\_ Check one:  Spouse  non-Spouse  
Social Security Number or TIN \_\_\_\_\_ Percentage \_\_\_\_\_

(2) Name \_\_\_\_\_ Check one:  Spouse  non-Spouse  
Social Security Number or TIN \_\_\_\_\_ Percentage \_\_\_\_\_

(3) Name \_\_\_\_\_ Check one:  Spouse  non-Spouse  
Social Security Number or TIN \_\_\_\_\_ Percentage \_\_\_\_\_

(4) Name \_\_\_\_\_ Check one:  Spouse  non-Spouse

# PARTICIPANT AGREEMENT

## INVESTMENT OPTIONS

Asset Class	Fund Name	Symbol	Expense Ratio
Cash	Vanguard Prime Money Market	VMMXX	0.24%
Bonds	Vanguard Intermediate Bond Index	VIBSX	0.10%
	Vanguard Total Bond Market Index	VBTSX	0.10%
	Vanguard Long-term Treasury	VUSUX	0.10%
Balanced	Vanguard Wellington Fund	VWENX	0.16%
Stock	Vanguard Windsor II	VWNAX	0.22%
	Vanguard Large Cap Index	VLCSX	0.08%
	Vanguard PrimeCap	VPMAX	0.31%
	Vanguard Small-cap Index Signal	NAESX	0.22%
	EV Atlanta Capital SMID-Cap I	EISMX	0.95%
International	Vanguard Total International Stock Index	VGTSX	0.27%
	Artio International Equity II	JETIX	1.01%
Real Estate	Vanguard REIT	VGSIX	0.20%
Target Retirement	Vanguard Target Retirement Income	VTINX	0.19%
	Vanguard Target Retirement 2010	VTENX	0.20%
	Vanguard Target Retirement 2015	VTXVX	0.19%
	Vanguard Target Retirement 2020	VTWNX	0.20%
	Vanguard Target Retirement 2025	VTTVX	0.19%
	Vanguard Target Retirement 2030	VTHRX	0.20%
	Vanguard Target Retirement 2035	VTTHX	0.19%
	Vanguard Target Retirement 2040	VFORX	0.20%
	Vanguard Target Retirement 2045	VTIVX	0.19%
	Vanguard Target Retirement 2050	VFIFX	0.20%

I hereby request to participate in the 457(b) 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 or other Taxpayer Identifying 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 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.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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

### EMPLOYER'S INSTRUCTION AND APPROVAL

\_\_\_\_\_  
Participant's Date of Hire

\_\_\_\_\_  
Today's Date

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

\_\_\_\_\_  
Name and Title (print full name)

*Please keep a copy for your files and send a copy to:*  
**Florida Municipal Pension Trust Fund**  
 P.O. BOX 1757  
 TALLAHASSEE, FL 32302

*For internal use only*

Authorized signature on behalf of FMPTF \_\_\_\_\_ Date \_\_\_\_\_

Processed By: \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPATION AGREEMENT

**The Florida Municipal Pension Trust Fund (FMPTF)** collects your social security number for the following purposes: pension administration; identification and verification; data collection, reconciliation and processing; and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

**Please note that the FMPTF or Florida League of Cities, Inc. (FLC) representative** can assist employees in reviewing plan benefits and offerings, but cannot provide investment advice. Educational materials will be provided to each employee to assist you in your investment decision; the FMPTF or FLC representative cannot give you any advice on which investment options to choose. You alone are responsible for your investment decisions. Your investment direction applies to all your investments.

**An annual administrative fee of 40 basis points (0.40%)** will apply to the assets in your account and will be deducted on a quarterly basis (0.10% per quarter). An annual active participant fee of \$16.00 will also apply to your account and will be deducted on a quarterly basis (\$4.00 per quarter). An annual terminated participant fee of \$36.00 will be applied to a terminated participant's account and will be deducted on a quarterly basis (\$9.00 per quarter). Mutual fund companies will charge varying additional investment expenses. For more information regarding fund expenses, please read each mutual fund prospectus carefully.

**You've agreed to reduce your salary depending on the plan.** By signing this form, you authorize your Employer to reduce your salary or wages in amounts equal to the Employee Contributions that you've specified or as required under the plan. Your Employer will use these amounts to make contributions under the plan. This agreement remains in effect until you permanently leave work for your Employer, or you use a form to notify your Employer that you want to stop or change your contributions.

**Plan distribution restrictions** Your plan is meant for retirement savings. If you have a financial hardship, the plan may allow a limited distribution from your salary-reduction contributions only (not from investment earnings). With limited exceptions, a distribution before age 59½ is subject to a 10% penalty tax. If your plan is under Internal Revenue Code § 457(b), you will not be permitted to take money out until you sever from your Employer (including death or permanent disability). If you have an unforeseeable emergency, the plan may allow a limited distribution. Your plan might impose additional restrictions.

**Contribution limits** The parties intend that all contributions made under this Agreement be within applicable deferral and contribution limits. If any contribution specified on this form would exceed any applicable limit, a party may reduce the salary-reduction contribution to the greatest amount that would cause all contributions to be within all limits. The parties agree that any contribution that does not satisfy all applicable limits should be presumed to have been made under a mistake of fact or contrary to this Agreement. If any contribution was made under a mistake of fact or contrary to this Agreement, you or the Employer (without consent by or notice to the other party) may instruct a corrective disbursement of the mistaken contributions.

**You can stop your contributions at any time.** At any time, you may stop your employee contributions by using a form to give notice to your Employer (see "Effective Date" below).

**How to change your contributions** Unless your Plan or your Employer requires otherwise, you may increase or decrease your employee contributions by using a form at any time.

**Effective date** Your "start" or "stop" or increase or decrease of contributions is effective as of the latest of: the Effective Date you asked for, the first pay date that is at least 31 days after your Employer has accepted a form, the date specified by the Plan, or the later date required by the tax law that governs your plan or arrangement.

**Corrections** If your Employer or the your Plan Administrator mistakenly directs your contributions to a contract, fund, or account other than according to your direction, you agree that they may correct the mistake.

**Funding choices** Except as otherwise provided by the Plan, you choose how to allocate your contributions, except that you must choose an investment permitted by your Employer.

**Investment changes** You may make investment changes via the website or Voice Response Unit (VRU) in accordance with the provisions of your Plan. Any change will be effective only when accepted by the custodian.

**You are responsible for losses.** Your Employer, FMPTF and FLC are NOT responsible for any loss you suffer for any reason that arises out of this Agreement or your participation in your plan.

**Summary Plan Description** You confirm that you received your Plan's Summary Plan Description.

**Please check your account statements.** Please read carefully each account statement as soon as you get it. Please tell the FMPTF in writing about anything that you think may be incorrect. Send this to the FMPTF address as specified on your statement. If you do not send your written objection within 60 days of the date of an account statement, the FMPTF assumes that you adopted everything reported and that you did not instruct anything not reported.