



Florida Municipal Pension Trust Fund 457(b) 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 _____

PAYROLL INFORMATION

Pre-tax Salary Reduction per pay: _____ % or \$ _____ x _____ Number of Pays = EE Annual Contributions \$ _____ *

After-tax Salary Reduction per pay: _____ % or \$ _____ x _____ Number of Pays = EE Annual Contributions \$ _____ *

***Cannot exceed IRC Limits (2015 IRC limit is \$18,000 and an additional \$6,000 catch-up if over age 50)**

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: _____

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 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 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:

- 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.**
- I am responsible for my decisions on investing in one or more of the investment options.**
- I have read and agree to the terms of the FMPTF 457(b) Participation Agreement.**
- 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