



IMPORTANT NOTICE: Before you begin to fill out this form, please remove it from the enrollment book. Carefully tear perforation along the left edge, keeping the parts together.

457 Deferred Compensation Plan Employee Enrollment Form — Page 1 of 2

Complete this form to open an account with ICMA-RC by carefully reading the attached instructions on the back of the form pages and printing legibly in blue or black ink.

1. REQUIRED PERSONAL INFORMATION

Employer Plan Number **Employer Plan Name**
302776 INDIAN RIVER COUNTY FLORIDA

Social Security Number (for tax-reporting purposes)
_____ - _____ - _____

Full Name of Participant
Last _____ First _____ M.I. _____

Mailing Address/Street

City _____ **State** _____ **Zip Code** _____

Date of Birth **Date Employed/Rehired**
____/____/____ ____/____/____ **Rehire?** Check if YES
Month / Day / Year Month / Day / Year

Email Address (required for e-Delivery): _____
Go Green with Electronic Delivery — ICMA-RC is committed to help reduce paper use and the environmental impact with electronic delivery (e-Delivery). With e-Delivery, you will receive a notification by email when your financial documents (quarterly statements and transaction confirmations) are available to you.
If you do not want e-Delivery of your financial documents, please check this box: No, I do not wish e-Delivery at this time

Job Title _____ **Department** _____ **Daytime Phone Number** (____) _____ - _____
Area Code
Evening Phone Number (____) _____ - _____ **Gender** Male Female **Marital Status** Married Single
Area Code

2. CONTRIBUTION AMOUNT

Specify the total percentage and/or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is signed.
 Pre-tax deferrals of _____ % or \$ _____ from my pay each pay period.

3. BENEFICIARY DESIGNATION

Please use whole percentages (e.g., 50%, not 33 1/3%) and be sure the percentages total 100% when designating primary and contingent beneficiaries.

Primary Beneficiary(ies):	NAME	DATE OF BIRTH	RELATIONSHIP TO YOU*	SOCIAL SECURITY NUMBER (for tax-reporting purposes)	% OF BENEFIT (whole %)
	_____	____/____/____	_____	____-____-____	_____
	_____	____/____/____	_____	____-____-____	_____
	_____	____/____/____	_____	____-____-____	_____
					Total = 100%

Contingent Beneficiary(ies), if any:

_____	____/____/____	_____	____-____-____	_____	
_____	____/____/____	_____	____-____-____	_____	
_____	____/____/____	_____	____-____-____	_____	
					Total = 100%

*The beneficiary relationship options are spouse, non-spouse, trust, estate, and charity.

457 Deferred Compensation Plan Employee Enrollment Form Instructions

Please review the information you have received from ICMA-RC carefully prior to enrolling in the plan. The information is intended to assist you with understanding how the plan works, and how it can help you save for a secure retirement.

Please carefully complete all sections of the form and submit the completed form to your employer.

1. REQUIRED PERSONAL INFORMATION — Provide all of the requested information. The employer plan number can be obtained by contacting your employer or ICMA-RC at 800-669-7400.

2. CONTRIBUTION AMOUNT — Use this section to specify the percentage or dollar amounts you will contribute to the plan. You can change your contribution amount at any time. Your initial contribution election, and any future changes, will be effective as of the first pay period of the calendar month following the date you submit your completed form to your employer. For information on the maximum contribution amounts, please go to www.icmarc.org.

3. BENEFICIARY DESIGNATION — In the event of your death, your designated beneficiary(ies) will be entitled to any assets remaining in your account. If no beneficiary information is provided, your estate will be your beneficiary.

Please provide all of the requested information for each designated beneficiary, including the date of birth and Social Security number, as this information will help ICMA-RC locate your beneficiaries.

To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

Missing percentage(s) for all of your primary and/or contingent beneficiaries will result in equal allocation among beneficiaries. Beneficiary designations are invalid if percentages are given for every beneficiary, but they do not equal 100% or are expressed with fractions (e.g., 33¹/₃%).

If you are naming a trust as your primary or contingent beneficiary, a complete copy of your entire trust document must be submitted with this form. ICMA-RC will not be able to honor your beneficiary designation if the entire copy of your trust document is not included.

4. COMMUNITY PROPERTY STATE SPOUSAL CONSENT — If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), your spouse is generally entitled to be the primary beneficiary for at least 50% of your account balance unless he/she consents to waive this right in the presence of a notary public. Failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies).

5. INVESTMENT SELECTION Choose one of the investment selections
SIMPLIFY AND DIVERSIFY WITH ONE FUND

Milestone Fund

- The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time. Prior to completing this form, please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for a full description of the Milestone Funds. By completing this form, you are electing to invest your contributions in the Milestone Fund with the target date closest to the year in which you reach age 60 (or alternate retirement age selected by your plan). If your enrollment form does not contain a valid date of birth, your contributions will be directed to the most conservative target-date fund available.

Model Portfolio Fund

- If you select this option, you must select the Model Portfolio Fund that most closely matches your level of risk tolerance.
- Model Portfolio Fund are composed of portfolios of other Vantagepoint Funds.
- Underlying fund selection and asset mix of Model Portfolio Fund are intended to reflect risk tolerance.
- Asset allocation mix of each Model Portfolio Fund is maintained over time.
- Review and select the fund from the Balanced/Asset Allocation Funds list in the Investment Options section.

BUILD YOUR OWN INVESTMENT PORTFOLIO — Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50%, not 33¹/₃%). Do not use fixed dollar amounts. Please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds. **If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you.** Review the *Notice Regarding Default Investments* included in the 457 Deferred Compensation Plan Enrollment Kit for more information.

PLEASE NOTE: The allocation instructions you provide will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in your payroll contribution allocation, or in the default investment selected by your employer if your contribution allocation is not established.

Participants residing in New York State will have their investment allocated according to their payroll contribution allocation, per New York State plan rules.



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457 Deferred Compensation Plan Employee Enrollment Form — Page 2 of 2

Employer Plan Number **302776** Social Security Number _____ Name (please print) _____

4. COMMUNITY PROPERTY STATE SPOUSAL CONSENT

If you are married and live in a **community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI)**, you must generally name your spouse as a primary beneficiary for at least 50% of the account unless your spouse consents to waive this right. **Your spouse's written consent must be witnessed by a notary public.**

SPOUSAL CONSENT (to be completed by participant's spouse):

By signing below, I agree to waive my right to at least 50% of my spouse's account upon his or her death. I understand each beneficiary designation is not valid unless I consent to it.

Signature of Participant's Spouse _____ / ____ / ____
Month Day Year

Print Name of Participant's Spouse

Notary Public:
Subscribed and sworn before me this _____ day of _____ (month), 20 ____

Notary Public's Signature

Notary Public's SEAL _____ My commission expires _____

5. INVESTMENT SELECTION

Choose only one of the investment selections. Your selection will determine how contributions to your account will be invested. If this section is not completed, or if you make an invalid selection, your contributions will be invested in the default investment selected by the plan sponsor until you provide additional instructions. Please refer to the *Investment Options Sheet* for a list of funds and codes. If you elect to participate in the optional Managed Accounts service, you are charged an ongoing asset-based fee for the additional services provided.

Simplify and diversify with one fund

Milestone Fund. You will be invested in the Milestone Fund, also known as a "Target Date" fund, which most closely matches the year in which you will reach your plan's default retirement age. For most plans this is age 60. The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time.

Model Portfolio Fund. Fund Code _____ = 100%

OR

Build your own investment portfolio
Input the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested. A list of funds and codes can be found on the Investment Options Sheet. Read Section 5 of the form instructions for information on how assets will be invested in the absence of accurate and complete instructions.
Note: Please use whole percentages only.

INVESTMENT ALLOCATION			
Code	Percent	Code	Percent
			TOTAL = 100%

6. AUTHORIZED SIGNATURES

Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC, please do not mail the original.

Participant's Signature _____ / ____ / ____
Month Day Year

Employee ID _____
For Employer Use Only

Authorized Employer Official's Signature _____ / ____ / ____
Month Day Year

6. AUTHORIZED SIGNATURES — Please be sure to sign and date this section of the form. Return the completed form to your employer.

Please do not delay in submitting the completed enrollment form to your employer. If ICMA-RC receives a contribution to your account prior to your account being established, the contribution will be returned to your employer. **If this form is faxed (202-682-6439) to ICMA-RC, please do not mail the original.**

Welcome to ICMA-RC!



