



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 _____ Home Phone _____ Date of Birth _____

Email _____ Work Phone _____ Date of Hire _____

PAYROLL INFORMATION

Effective Date: _____

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

Age 50 catch-up contribution: \$ _____ x _____ Number of Pays = EE Annual Contributions \$ _____*

Pre-retirement catch-up contribution: \$ _____**

*Cannot exceed IRC Limits ** Cannot exceed IRC Limits. You must also complete the 457 catch-up form

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 _____ Relationship: _____

Social Security Number _____ Percentage: _____

(2) Name _____ Relationship: _____

Social Security Number _____ Percentage: _____

Contingent Beneficiary(ies):

(1) Name _____ Relationship: _____

Social Security Number _____ Percentage: _____

(2) Name _____ Relationship: _____

Social Security Number _____ Percentage: _____

(3) Name _____ Relationship: _____

Social Security Number _____ Percentage: _____

(4) Name _____ Relationship: _____

Social Security Number _____ Percentage: _____

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	0.09%
Bonds	Vanguard Intermediate Bond Index	VIBSX	0.12%
	Vanguard Total Bond Market Index	VBTIX	0.07%
	Vanguard Long-term Treasury	VUSUX	0.12%
	Vanguard Inflation Protected Securities	VAIPX	0.12%
Balanced	Vanguard Wellington Fund	VWENX	0.23%
Stock	Vanguard Windsor II	VWNAX	0.27%
	Vanguard Institutional Index	VINIX	0.05%
	Vanguard PrimeCap	VPMAX	0.36%
	Vanguard Small-cap Index Signal	VSISX	0.14%
	EV Atlanta Capital SMID-Cap I	EISMX	0.95%
International	Vanguard Total International Stock Index	VTSGX	0.20%
	Artio International Equity II	JETIX	0.96%
Real Estate	Vanguard REIT	VGRSX	0.14%
Target Retirement	Vanguard Target Retirement Income	VTINX	0.17%
	Vanguard Target Retirement 2010	VTENX	0.17%
	Vanguard Target Retirement 2015	VTXVX	0.17%
	Vanguard Target Retirement 2020	VTWNX	0.17%
	Vanguard Target Retirement 2025	VTTVX	0.18%
	Vanguard Target Retirement 2030	VTHRX	0.19%
	Vanguard Target Retirement 2035	VTTHX	0.19%
	Vanguard Target Retirement 2040	VFORX	0.19%
	Vanguard Target Retirement 2045	VTIVX	0.19%
	Vanguard Target Retirement 2050	VFIFX	0.19%
	Vanguard Target Retirement 2055	VFFVX	0.22%

* Investment options and expenses as of 3/15/2011

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:

- 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)

Employer: please keep a copy for your files and send a copy to:
Florida Municipal Pension Trust Fund, P.O. Box 1757, Tallahassee, FL 32302