

MIAMI-DADE COUNTY 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT/CHANGE FORM



- Use this form to Enroll or make Changes to your 457 Plan.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- **Return this form to your employer promptly. Your employer must provide the form to ICMA Retirement Corporation before the payroll date of your first deferral.**
- Note: It is important to review your next paystub to confirm your enrollment/change has been processed correctly.
- If making changes, complete Section 1 and then proceed to the appropriate section to make your changes. If new enrollment, all sections must be completed.

1 Required Participant Information - <i>Information in this box must be completed to avoid processing and investment delays.</i>	<div style="display: flex; justify-content: space-between;"><div>(check one) <input type="checkbox"/> NEW ENROLLMENT</div><div><input type="checkbox"/> CHANGE</div></div> <div style="display: flex; justify-content: space-between;"><div>Employer Plan Number <div style="border: 1px solid black; padding: 2px;">3 0 0 5 6 5</div></div><div>Employer Plan Name <div style="border: 1px solid black; padding: 2px;">M I A M I - D A D E C O U N T Y</div></div></div> <div style="display: flex; justify-content: space-between;"><div>Social Security Number <div style="border: 1px solid black; padding: 2px;"> - - </div></div><div>Date of Birth <div style="border: 1px solid black; padding: 2px;"> - - </div><div style="display: flex; justify-content: space-around; font-size: small;">MonthDayYear</div></div><div>Gender <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> M</div><div><input type="checkbox"/> F</div></div></div></div> <div>Full Name of Participant <div style="border: 1px solid black; padding: 2px;">LastFirstM.I.</div></div> <div>Mailing Address/Street: <div style="border: 1px solid black; padding: 2px;"> </div></div> <div style="display: flex; justify-content: space-between;"><div>City: <div style="border: 1px solid black; padding: 2px;"> </div></div><div>State: <div style="border: 1px solid black; padding: 2px;"> </div></div><div>Zip Code: <div style="border: 1px solid black; padding: 2px;"> - - </div></div><div>Evening Phone Number <div style="border: 1px solid black; padding: 2px;"> - - </div><div style="display: flex; justify-content: space-around; font-size: small;">Area Code </div></div><div style="display: flex; justify-content: space-between;"><div>Date Employed/Rehired <div style="border: 1px solid black; padding: 2px;"> - - </div><div style="display: flex; justify-content: space-around; font-size: small;">MonthDayYear</div></div><div>Rehired? <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Check if yes</div></div></div><div>Daytime Phone Number <div style="border: 1px solid black; padding: 2px;"> - - </div><div style="display: flex; justify-content: space-around; font-size: small;">Area Code </div></div><div>Marital Status <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Married</div><div><input type="checkbox"/> Single</div></div></div></div><div>Department: <div style="border: 1px solid black; padding: 2px;"> </div> Email: <div style="border: 1px solid black; padding: 2px;"> </div></div></div>																																													
2 Beneficiary Designation <input type="checkbox"/> Check if change in this section	<div style="display: flex;"><div style="width: 10%;"><input type="checkbox"/> Check here if updating Primary <input type="checkbox"/> Check here if updating Contingent</div><table border="1" style="width: 90%; border-collapse: collapse;"><thead><tr><th>Name</th><th>Date of Birth</th><th>Relationship to you</th><th>Social Security Number</th><th>% of benefit</th></tr></thead><tbody><tr><td colspan="5">Primary Beneficiaries:</td></tr><tr><td> </td><td>/ /</td><td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: </td><td> </td><td> </td></tr><tr><td> </td><td>/ /</td><td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: </td><td> </td><td> </td></tr><tr><td> </td><td>/ /</td><td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: </td><td> </td><td> </td></tr><tr><td colspan="5">Contingent Beneficiaries, if any:</td></tr><tr><td> </td><td>/ /</td><td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: </td><td> </td><td> </td></tr><tr><td> </td><td>/ /</td><td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: </td><td> </td><td> </td></tr><tr><td> </td><td>/ /</td><td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: </td><td> </td><td> </td></tr></tbody></table></div>	Name	Date of Birth	Relationship to you	Social Security Number	% of benefit	Primary Beneficiaries:						/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:				/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:				/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:			Contingent Beneficiaries, if any:						/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:				/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:				/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:		
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3 Amount of Deferral/Catch-up Election <input type="checkbox"/> Check if change in this section	<p>I authorize Miami-Dade County to defer \$ or % from my pay per pay period.</p> <p>Deferrals will begin on (mm/dd/yyyy). Optional: Deferrals to stop on (mm/dd/yyyy).</p> <p>If you wish to use a Catch-up Provision, please select ONE below:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> "Pre-retirement catch-up" – This provision can be used within 3 years of retirement, (please contact your employer for enrollment) OR</div><div><input type="checkbox"/> "Age 50 catch-up" – This provision can be used if you are age 50 or older</div></div> <p>Changes to deferrals can also be made by contacting ICMA-RC at 1-800-669-7400 or www.icmarc.org.</p>																																													
4 Allocation of Future Contributions <input type="checkbox"/> Check if change in this section	<div><p>Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the Investment Options sheet. See Instruction 4 on the back of this form.</p><p>State law, local law, or your employer may place restrictions on investment in these funds.</p><p>Changes to allocations can also be made by contacting ICMA-RC at 1-800-669-7400 or www.icmarc.org.</p></div> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="4">ALLOCATION</th></tr><tr><th>Code</th><th>Percent</th><th>Code</th><th>Percent</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="3"> </td><td>TOTAL = 100%</td></tr></tbody></table>	ALLOCATION				Code	Percent	Code	Percent																				TOTAL = 100%																	
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MIAMI-DADE COUNTY 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT/CHANGE FORM INSTRUCTIONS



Before you complete this form, please read the accompanying literature so you understand the plan's provisions. Future changes can be made on this form. To make future and/or changes to your account such as address and/or fund transfers, please use VantageLine (1-800-669-7400) or VantageLink (www.icmarc.org). En Español llame al 1-800-669-8216

IMPORTANT NOTE: Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they may be returned to your employer.

You will receive a confirmation of your enrollment/changes. You will also receive a quarterly financial statement. Please review these carefully.

1. PARTICIPANT INFORMATION

Please complete this section carefully. Information must be completed to avoid processing and investment delays.

2. BENEFICIARY DESIGNATION

Print beneficiaries' names and Social Security Numbers and designate their relationship to you and the percentage to be received. Any information entered will supercede the beneficiary information presently on file. The IRS has certain rules governing disbursement of funds to beneficiaries. These rules are outlined in your employer's plan and in ICMA-RC's *Participant and Beneficiary Withdrawal Packets*.

3. AMOUNT OF DEFERRAL/CATCH-UP ELECTION

Normal Deferral: IRS regulations allow you to defer the lesser of (1) 100% of your gross compensation less any Section 414(h) picked-up employer contributions, or (2) a dollar limit in effect for that year. This limit includes any employer contributions made on your behalf. Only future compensation may be deferred.

For the dollar limits applicable, please log on to www.icmarc.org or contact Investor Services at 1-800-669-7400. En Español llame al 1-800-669-8216

Catch-Up Provision: As you near retirement, you may make additional contributions under the "pre-retirement catch-up provision" (up to double the amount of the normal contribution limit in effect for that year) OR the "age 50 catch-up provision" (up to an additional \$2,000 in 2003). Note: The "pre-retirement catch-up provision" and "age 50 catch-up provision" cannot be combined in the same plan year. Please read ICMA-RC's *457 Catch-Up Provision* packet for more information.

The minimum contribution is \$25 (biweekly) or \$12.50 (weekly) per pay period. A participant may increase, decrease, and/or start, stop and restart contributions by executing appropriate forms and will be effective, if practical, the pay period subsequent to receipt of documents by the Administrator. If you defer more than allowed under IRS regulations, it is your responsibility to correct the error.

4. ALLOCATION OF FUTURE CONTRIBUTIONS

You may place your contributions in one fund or in any combination of funds, although your employer may place restrictions on investment in certain funds. If the allocation total does not add up to 100 percent then the remainder will be allocated to the PLUS Fund. If no selection is given your contribution will be allocated to the default fund selected by your employer. Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts. Please see the VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds.

PLEASE NOTE: This will affect future contributions only. To specify the allocation for your rollover contributions, please complete a *Trustee-to-Trustee to ICMA Retirement Corporation* form.

5 & 6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it and submit it for your employer's approval.

Note that by signing this form you acknowledge that you agree to the following.

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that the ICMA Retirement Corporation has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. If allowed by my employer and in the event I choose to transfer funds by Internet or telephone, I agree that neither VantageTrust Company, the ICMA Retirement Corporation, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use telephone transfer available on VantageLine.

Welcome to the ICMA Retirement Corporation!