

Miami Dade County 457 Plan Employee **Change** Form

ICMA Retirement Corporation
Attn.: Records Management Unit
P.O. Box 98150
Washington, DC 20090-8150



- Use this form to make changes to your existing ICMA-RC account.
- To transfer assets between funds use VantageLine or the ICMA-RC's 457 Employee Fund Transfer Form.
- Check all appropriate boxes: Change of Name (must attach legal document) Change of Address
 Change in Allocation of Future Contributions Change of Beneficiary Change in Amount of Deferral (**Change in Amount of Deferral - NOTE TO EMPLOYER: If this is the only change reported on this form, please do not forward the form to ICMA-RC. You may retain it for your records.**)

1 Information in this box must be completed	Employer Plan Number 3 0 0 5 6 5	Employer Plan Name M I A M I - D A D E C O U N T Y
	Social Security Number _____ - _____ - _____	Name of Participant _____ Last First MI

2 Change in Personal Information	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Participants Home Phone Number (_____) _____ - _____	Date of Birth ____/____/____ Month Day Year	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
	New Mailing Address/Street: _____ City _____ State _____ Zip Code _____			
Change in Work Information	Job Title: _____			
	Date Employed/Rehired ____/____/____ Month Day Year	Rehired? <input type="checkbox"/> Check if yes	Work Phone Number (____) _____ - _____ Area Code	

3 Change in Amount of Deferral	(Please see note to Employer at the top of this page)			
	I authorize Miami-Dade County to defer \$ _____ from my pay per pay period. Change to be effective on ____/____/____. My current annual salary is \$ _____.			
I am using the catch-up provision. Yes <input type="checkbox"/> No <input type="checkbox"/>				

4 Change in Allocation of Future Contributions	Allocate in percentages among fund choices. Allocation percentages must total 100 percent. 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 Miami-Dade County. Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts.			
	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 Fund Options Sheet.		SEE THE FUND OPTIONS SHEET FOR FUND CODES	
State law, local law, or Miami-Dade County may place restrictions on investment in these funds.				

ALLOCATION			
Code	Percent	Code	Percent
TOTAL =			100%

5 Change in Beneficiary Designation	Name	Relationship to you	Social Security Number (if available)	% of benefit
	Primary Beneficiaries:			
Contingent Beneficiaries, if any:				

6 Authorized Signatures	I acknowledge that I received and read the current ICMA Retirement Trust's <i>Making Sound Investment Decisions: A Retirement Investment Guide</i> . I understand that the Retirement Corporation has established required procedures for telephone and Internet transfers that include personal identification numbers, passwords, recording of instructions, and written confirmations. In the event I choose to transfer funds by telephone or Internet, I agree that neither the ICMA Retirement Trust, the ICMA Retirement Corporation, ICMA-RC Services, Inc., nor Miami-Dade County will be liable for any loss, cost, or expense for acting upon any telephone or Internet instructions believed by it to be genuine and in accordance with the required procedures.			
	Participant Signature _____	Date _____	Miami-Dade County Authorization (if required) _____	Date _____
	Miami-Dade County Authority's Name _____			

457 Plan Employee Change Form for Miami-Dade County

Instructions

The 457 Employee Change Form enables you to change information in an existing 457 deferred compensation account.

So that we may process your change(s) efficiently, please complete this form as accurately as possible. Submit the completed form to the County for your employer's signature. Then, the County will send the form to us. Always review your quarterly statement to confirm the accuracy of your changes. If you discover a discrepancy, contact the Investor Services staff at 1-800-669-7400 as soon as possible. All discrepancies must be reported within 120 days following the end of the quarter.

1. ESSENTIAL INFORMATION

Please complete this section carefully. All the information in this section must be completed in order to process changes.

2. CHANGE IN PERSONAL AND WORK INFORMATION

Use this section to update the mailing address for your statements and other important account information.

3. CHANGE IN AMOUNT OF DEFERRAL

If you are making a change in this section ONLY, give the form to the County. It does not need to be sent to us. If there are other changes on this form, give the form to the County first and they will send the form to us.

As you decide how much you wish to defer, remember that IRS regulations generally allow you to defer up to 25 percent of your pre-deferral taxable compensation or \$8,500 a year, whichever is less. This limit includes any employer contributions made on your behalf. If you participate in other deferred compensation plans regulated by Section 457 of the Internal Revenue Code, the total amount deferred under all plans may not exceed this amount. Only future compensation may be deferred and must be contributed through payroll deduction.

You may defer a specific **dollar** amount of your compensation.

As you near retirement, you may take advantage of the special catch-up provision, which allows additional deferrals. Please read our *457 Catch-Up Provision Packet*.

4. CHANGE IN ALLOCATION OF FUTURE CONTRIBUTIONS

State law, local law, or the County may place restrictions on your investments.

PLEASE NOTE: This will affect future contributions only. To transfer existing assets between funds use VantageLine or the 457 Employee Fund Transfer Form.

You may place your contributions in one fund or in any combination of funds as long as you use whole percentages (e.g., 50 percent not 33 1/3 percent) and the percentages total 100 percent. Do not use fixed dollar amounts.

5. CHANGE IN Beneficiary DESIGNATION

Your designation of beneficiary tells us who should receive the accumulated value of your account if you die before full distribution of your account. If no primary beneficiary lives longer than you, the benefits will be paid to your contingent beneficiary. For example, a married participant with children might name his/her spouse as primary beneficiary and the children as contingent beneficiaries. If none of your beneficiaries are living, the proceeds will be paid to your estate. **PLEASE NOTE:** If a Social Security number is not provided and we cannot locate the named beneficiary, the account balance will be paid to the participant's estate.

Print beneficiaries' names and Social Security numbers and designate their relationship to you and the percentage to be received. The IRS has certain rules governing disbursement of funds to beneficiaries. These rules are outlined in the County's plan and in our *Participant and Beneficiary Withdrawal Packets*.

6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it and submit it for the County's approval. The County will send the first copy to us; the County will retain the second copy and the third copy is for your records.