



Florida Municipal Pension Trust Fund Participation Agreement

Applies to only 401(a) Applies to only 457(b) Applies to both 401(a) and 457(b) plans (default if none selected)

IDENTIFYING INFORMATION

Mr/Mrs/Ms First Name Middle Initial Last Name
Home Address City
State Zip Phone Date of Birth
Email Date of Hire
SSN Employer Name

PAYROLL INFORMATION – FOR 457(B) PLANS ONLY

Pre-tax Traditional Contributions per pay: % or \$ x # of Paydays per year = EE Annual Contributions \$
After-tax Roth Contributions per pay: % or \$ x # of Paydays per year = EE Annual Contributions \$
\* Cannot exceed IRS Code Limits (2023 IRS Code limit is \$22,500 and an additional \$7,500 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 100% among all primary beneficiaries)

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 100% among all contingent beneficiaries. 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/beneficiaries 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.

**PARTICIPATION AGREEMENT - Investment Options as of 7/13/2022**

**Log into your account online to make selections or contact FMPTF for help at (888) 945-7401**

Asset Class	Fund Name	Symbol	Expense
Cash	Vanguard Federal Money Market	VMFXX	0.11%
Stable Value	Vanguard Retirement Savings Trust	n/a	0.45%
Bonds	Vanguard Intermediate-Term Investment Grade	VFIDX	0.10%
	Vanguard Total Bond Market Index	VBTLX	0.05%
	Vanguard Total International Bond Index	VTABX	0.11%
Balanced	Vanguard Wellington Fund	VWENX	0.16%
Large Cap Stock	Vanguard Windsor II	VWNAX	0.26%
	Vanguard Institutional Index	VINIX	0.04%
	Vanguard FTSE Social Index	VFTAX	0.14%
	Vanguard PrimeCap	VPMAX	0.31%
Small Cap Stock	Vanguard Small-cap Index Signal	VSMAX	0.05%
	EV Atlanta Capital SMID-Cap I	ERASX	0.81%
International	Vanguard Total International Stock Index	VTIAX	0.11%
	Vanguard Emerging Markets Stock Index	VEMAX	0.14%
	Vanguard All World ex-US Small Cap	VFSAX	0.16%
Real Estate	Vanguard Real Estate	VGSLX	0.12%
Target Retirement	Vanguard Target Retirement Income	VTINX	0.08%
	Vanguard Target Retirement 2020	VTWNX	0.08%
	Vanguard Target Retirement 2025	VTTVX	0.08%
	Vanguard Target Retirement 2030	VTHRXX	0.08%
	Vanguard Target Retirement 2035	VTTTHX	0.08%
	Vanguard Target Retirement 2040	VFORX	0.08%
	Vanguard Target Retirement 2045	VTIVX	0.08%
	Vanguard Target Retirement 2050	VFIFX	0.08%
	Vanguard Target Retirement 2055	VFFVX	0.08%
	Vanguard Target Retirement 2060	VTTSX	0.08%
	Vanguard Target Retirement 2065	VLXVX	0.08%

I hereby request to participate in the FMPTF Retirement Plan, and I agree to all provisions of the Plan and this agreement. I certify that everything I wrote on this form is true, correct and complete. I certify, under penalties of perjury, that my Social Security Number shown 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 (FMPTF) 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.**
- 3. I have read and agree to the terms of the FMPTF Participation Agreement.**
- 4. The default investment for a participant that does not make an investment selection is an age-appropriate Vanguard Target Retirement Fund.**
- 5. I must elect my investment choices online at [FLCretirement.com](http://FLCretirement.com) or by contacting a FMPTF representative.**

\_\_\_\_\_  
(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 send a copy to: FMPTF c/o DC Program, P.O. Box 1757, Tallahassee, FL 32302 or [retirement@flcities.com](mailto:retirement@flcities.com).**