

ENROLLMENT FORM



Enrolling in the City of Orlando 457 Plan is the first step to saving for a secure retirement. Please follow the steps shown below to complete the enrollment process.

1. Tell us about yourself!
 2. **Determine how much you will contribute.** Start or change the amount of your contributions online using Workday.
 3. **Review your investment options.** The Investment Option Sheet shows the available investments.
 4. **Designate your beneficiaries.** To make changes after you receive your Welcome Letter, log into Account Access: www.icmarc.org/orlando
- Complete at Orientation or submit to:** Therasa Vance, Deferred Compensation & Pension Specialist | 407-246-2832 or therasa.vance@cityoforlando.net

STEP 1: Your Information

Employer Plan Number **304419** Employer Name **City of Orlando** State **FL**

Social Security Number _____ - _____ - _____

Last Name _____

First Name _____ M.I. _____

Mailing Address/Street _____

City _____

State _____ Zip Code _____

Date of Birth (MM/DD/YYYY) ____/____/____

Date Employed/Rehired (MM/DD/YYYY) ____/____/____

Rehire? (CHECK IF YES.)

Email Address _____

Job Title _____

Preferred Phone Number (_____) _____ - _____

Marital Status Married Single

Go Green! ICMA-RC's e-Delivery service will send you email notifications when your financial documents (quarterly statements and transaction confirmations) are available online. You will be enrolled in the e-Delivery service automatically, unless you opt out by checking the following box: I do not want e-Delivery at this time.

Employer Use Only. Complete this portion if the participant is rehired.

Rehire? CHECK IF YES

Date of Initial Employment ____/____/____

Date of Termination ____/____/____

Vesting Percentage _____% Previous Months of Service _____

STEP 2: Contributions

Pre-tax Contributions: Dollar Amount (per pay period): \$ _____

Roth (after-tax) Contributions(per pay period): \$ _____

STEP 3: Investment Strategy — Select One Option

- Option 1: **Simplified Investor:** I want to invest 100% of my contributions in a Target Date Fund that is designed to match the year I expect to begin making gradual withdrawals.

By selecting this option, your contributions will be invested in the plan's target date default investment fund selected by your employer. You have the right to direct the investment of assets in your account to any of the funds offered in your plan. To change the investment of your future contributions, or to allocate assets from the plan's default fund to other funds available in your plan, you may access your account online at www.icmarc.org/orlando.

- Option 2: **Do-It-Myself Investor:** I'm comfortable selecting investments, choosing funds, and making periodic adjustments as needed. Invest my contributions according to the allocation instructions shown below. *Please use whole percentages (for example: 4%, not 4.5% or 4½%). Refer to the Investment Options Sheet for a list of funds and codes. You may use an additional sheet of paper if more space is needed.*

Allocate ____% to (Fund Code) _____ Allocate ____% to (Fund Code) _____

Allocate ____% to (Fund Code) _____ Allocate ____% to (Fund Code) _____

Total = 100%

- Option 3: **Do-It-For-Me²:** I choose to have my account professionally managed and enroll 100% in ICMA-RC's **Managed Accounts²** service. I understand that I will pay a fee based on the assets in my account. I can opt out of Managed Accounts at any time.

By selecting this option you agree to have your account professionally managed by ICMA-RC. You must also provide the information below and **complete the "Supplemental Managed Accounts Information."**

Annual Salary \$ _____ Desired Retirement Age ____ Number of Dependents ____

Your Annual Desired Retirement Income \$ _____ or _____%

(100% of current annual after-tax salary is recommended)

Your Annual Pre-tax Contribution ____% or \$ _____

Your Annual Post-tax Contribution ____% or \$ _____

Employer Annual Contribution ____% or \$ _____

Will you receive Social Security retirement benefits? Yes No

Will you receive pension payments outside of Social Security or your 457 or 401 plan retirement accounts? Yes No *If you select "Yes," please complete A, B, and C below.*

- A. Age at which pension begins _____
- B. Annual pension benefit amount (choose only one)
- Option 1: \$ _____ (in today's dollars) you expect to receive in retirement **or**
- Option 2: ____% of your salary you expect to receive in retirement
- C. Is your pension subject to a cost-of-living adjustment (COLA) in retirement?
- Yes No



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Employer Plan Number **304419** Social Security Number _____ Name (Please print) _____

STEP 4: Beneficiaries

PRIMARY BENEFICIARY

Name	Date of Birth	Relationship to You*	Social Security Number	% of Benefit (Whole %)
_____	____/____/_____	_____	____-____-____	_____
_____	____/____/_____	_____	____-____-____	_____
_____	____/____/_____	_____	____-____-____	_____

Total = 100%

CONTINGENT BENEFICIARY

Name	Date of Birth	Relationship to You*	Social Security Number	% of Benefit (Whole %)
_____	____/____/_____	_____	____-____-____	_____
_____	____/____/_____	_____	____-____-____	_____
_____	____/____/_____	_____	____-____-____	_____

Total = 100%

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

Signature

I acknowledge that I have read and agreed to the disclosures^{1,2} below.

Participant Signature _____ Date: ____/____/_____

¹ I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, 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.

² By selecting Option 3 under "Step 3" you hereby verify that by signing this Enrollment Form you have read and understand 1) ICMA-RC Guided Pathways[®] Fund Advice and Managed Accounts Investment Advisory Agreement, dated September 2015 (the "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees and 2) Part 2A of ICMA-RC's Form ADV for Guided Pathways[®] and Retirement Readiness Reports Advisory Services. By signing this Enrollment Form, you also certify that you agree to all the terms and conditions set forth on the enclosed Investment Advisory Agreement and that you are also executing the Investment Advisory Agreement as of the date you sign this Enrollment Form.

If all requested Managed Accounts information is not provided in Step 3/Option 3 "Do It For Me," your assets may be allocated to the default investment selected by the City of Orlando until your Managed Accounts enrollment can be completed.

For Your Desired Retirement Age: Enter the age at which you would like to retire. If no age is provided, we will use age 65.

For Your Annual Desired Retirement Income: Enter the total annual dollar amount you wish to receive from all of your retirement income sources. If no dollar amount is provided, the Annual Desired Retirement Income will initially be calculated as 100% of your after-tax salary.

For Your Contributions: Please indicate your annual contribution to this plan either as a percentage of your current salary or as a dollar amount.

For Social Security Retirement Benefits: Please indicate whether you expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

For Number of Dependents: You may include up to 10 dependents other than yourself (and your spouse if included) that you can currently claim as an exception on your tax return.

For Your Pension: Please indicate whether you expect to receive pension payments outside of Social Security or your 457 or 401 plan retirement accounts. If you select "No" or do not select either box, we will not include pension information. If you select "Yes," please provide an annual pension benefit amount estimate by selecting one of the two options listed (Option 1 or Option 2).

For "Is your pension subject to a cost of living adjustment (COLA): If your annual pension benefit will increase after retirement, select "Yes."



SUPPLEMENTAL MANAGED ACCOUNTS INFORMATION

CITY OF ORLANDO 457 PLAN

Employer Plan Number
304419

Social Security Number
_____ - _____ - _____

Name *(Please print)*

ONLY COMPLETE AND RETURN THIS PAGE IF YOU SELECTED MANAGED ACCOUNTS IN THE INVESTMENT SELECTION SECTION OF THIS FORM, AND WISH TO FURTHER PERSONALIZE YOUR ENROLLMENT IN MANAGED ACCOUNTS.

Your Spouse or Partner Information

Please read the instructions on the back for important information about including Spouse or Partner information.

Last Name _____

First Name _____ M.I. _____

Date of Birth (MM/DD/YYYY) ____ / ____ / _____

Gender Male Female

Desired Retirement Age _____

Current Annual Salary \$ _____

Your Spouse or Partner's Annual Desired Retirement Income \$ _____
or _____% (100% of current annual after-tax salary is recommended)

Will your Spouse or Partner receive Social Security Retirement Benefits?
 Yes No

Annual Social Security Retirement Benefit \$ _____
(Please see instructions for further details)

Spouse or Partner's Pension

(A) Age at which Pension Begins _____

(B) Annual Pension Benefit Amount *(choose only one)*:
Option 1: \$ _____ (In today's dollars) your spouse/partner expects to receive in retirement

or

Option 2: _____% of your spouse/partner's salary he/she expects to receive in retirement

(C) Is this Pension subject to a cost of living adjustment (COLA) in retirement?
 Yes No

Outside Account Information

Outside Account 1

Account Owner You or Your Spouse/Partner

Account Type *(Check only one)* 401(k) 401(a) 403(b) 457
 Traditional IRA Roth IRA
 Taxable Savings Taxable Brokerage

Account Name _____

Total Account Balance \$ _____

You or your Spouse/Partner Annual Contribution _____% or \$ _____

Employer Annual Contribution* _____% or \$ _____ **If applicable*

Asset Allocation Details

U.S. Large Cap Stocks _____% U.S. Small Cap Stocks _____%
International Stocks _____% Bonds _____% Cash _____%
Total = 100%

If no information is provided or the asset allocation does not total 100%, the asset allocation will be 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.

Outside Account 2

Account Owner You or Your Spouse/Partner

Account Type *(Check only one)* 401(k) 401(a) 403(b) 457
 Traditional IRA Roth IRA
 Taxable Savings Taxable Brokerage

Account Name _____

Total Account Balance \$ _____

You or your Spouse/Partner Annual Contribution _____% or \$ _____

Employer Annual Contribution* _____% or \$ _____ **If applicable*

Asset Allocation Details

U.S. Large Cap Stocks _____% U.S. Small Cap Stocks _____%
International Stocks _____% Bonds _____% Cash _____%
Total = 100%

If no information is provided or the asset allocation does not total 100%, the asset allocation will be 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.

Signature

Participant Signature _____

Date: ____ / ____ / _____



SUPPLEMENTAL MANAGED ACCOUNTS INFORMATION INSTRUCTIONS

CITY OF ORLANDO 457 PLAN

ONLY COMPLETE AND RETURN THIS PAGE IF YOU SELECTED MANAGED ACCOUNTS IN THE INVESTMENT SELECTION SECTION OF THIS FORM AND WISH TO FURTHER PERSONALIZE YOUR ENROLLMENT IN MANAGED ACCOUNTS.

Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

Your Spouse or Partner Information:

Including information on your Spouse's or Partner's salary will increase your household retirement income and retirement income goals, which has a direct impact on the advice you will receive. If you elect to include your spouse or partner, it is important that you provide information on his/her Social Security benefits, Pensions, and Outside Accounts.

Social Security Retirement Benefits: Please indicate whether your spouse or partner will expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

Annual Social Security Retirement Benefit: If no Annual Social Security Retirement Benefit is provided, Managed Accounts will generate an estimated amount based on your spouse or partner's current salary. If you wish to have Social Security benefits included in the account management for a retired spouse or partner, you must provide an estimated annual dollar amount.

Pension:

- Annual Pension Benefit Amount, please choose only one of the two below options:

Option 1 — Enter the annual benefit amount your spouse or partner expects to receive in retirement in today's dollars.

or

Option 2 — Enter the percentage of salary your spouse or partner expects to receive in retirement.

- Select "Yes" to "Is their pension subject to a cost of living adjustment (COLA)?" , if your spouse or partner's annual pension benefit will increase after retirement.

Outside Accounts Information:

- Annual Outside Account contributions will be considered as Pre-Tax for all account types except for Roth IRA, Taxable Savings, and Taxable Brokerage which will be considered Post-Tax.
- Please designate the asset allocation for the listed outside accounts. If no asset allocation is provided or if the asset allocation provided does not total 100%, the asset allocation will initially be designated as 55% U.S. Large-Cap Stocks, 5% U.S. Small-Cap Stocks and 40% Bonds.
- To provide information on more than two outside accounts, (1) write "see attached sheet" in the section and (2) attach and sign a separate piece of paper with your name, plan number, Social Security Number, and additional outside account information.

Once you have completed this page, sign it and submit it to your employer along with the enrollment form.

A confirmation package will be mailed to you following receipt, in good order, of all necessary documentation. This package will confirm your personal and financial information and provide you with your wealth forecast and information on how ICMA-RC will be managing your account.

To update your information, including the asset allocation for your outside accounts, at any time after your Managed Accounts enrollment, go online to www.icmarc.org or call Investor Services at 800-669-7400 to request a *Guided Pathways® Managed Accounts Update Form*.