



BENCOR National Government Employees Retirement Plan Enrollment Form

FICA Alternative Plan

NOTE: Please read carefully both the front and back of this form. Your signature below serves to designate the Beneficiary(ies) of your Plan Account, specify the investment election for your Account, and certify that you have received and read the statement on the reverse side.

GENERAL INFORMATION

Employer: STATE OF FLORIDA

Worksite Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ Date of Birth: _____

Telephone #: _____

BENEFICIARY DESIGNATION

Participant Primary Beneficiary: _____

Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ Date of Birth: _____

Relationship: _____

% Share: _____

Participant Contingent Beneficiary: _____

Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ Date of Birth: _____

Relationship: _____

% Share: _____

Participant Contingent Beneficiary: _____

Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ Date of Birth: _____

Relationship: _____

% Share: _____

☐ **Married Participant**

I understand that I must select my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please contact BENCOR Administrative Services for a Spousal Consent form if naming a Primary Beneficiary other than your spouse.)

☐ **Unmarried Participant**

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform BENCOR of any change in my marital status.

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, please attach a separate page providing all designation information and the percentage share for each.)

Signature _____ Date _____

INVESTMENT ELECTION

Please ensure that the investment instructions provided below are accurate. We will be relying on your instructions to allocate your contributions. Please note that investment allocation percentages must total 100%.

All funds are deposited into the Guaranteed Pooled Fund unless you select other investment options below.

The investment allocation indicated below is for:

- ☐ Current Investments
- ☐ Future Investments
- ☐ Both Current & Future Investments

Withdrawals due to Employer-initiated events may be subject to restrictions and/or adjustments.

Stable Value Fund

_____ % TFLIC Guaranteed Pooled Fund

Bond Funds

_____ % Transamerica Partners Core Bond

_____ % Transamerica Partners High Yield Bond Fund

Stock Funds

_____ % Transamerica Partners Large Value Fund

_____ % Transamerica Partners Stock Index Fund

_____ % Transamerica Partners Large Core

_____ % Transamerica Partners Large Growth

_____ % Transamerica Partners Mid Value

_____ % Transamerica Partners Mid Growth

_____ % Transamerica Partners Small Value

_____ % Transamerica Partners Small Growth

_____ % Transamerica Partners International Equity

Multi-Asset Funds

_____ % Transamerica Asset Allocation Fund - Short Horizon

_____ % Transamerica Asset Allocation Fund - Inter Horizon

_____ % Transamerica Asset Allocation Fund - Long Horizon

Non-Diversified Funds

_____ % Fidelity Contrafund

_____ % T. Rowe Price Capital Appreciation Adv

100 % Total

Please return completed form to:

BENCOR Administrative Services, Inc.
8488 Shepherd Farm Drive
West Chester, Ohio 45069

For a prospectus on any of the options listed above or for customer service call **1-888-258-3422**.

Statement Concerning Your Employment Not Covered by Social Security

Starting in 2011, your earnings as an OPS employee are not covered under Social Security. Instead, you participate in the State of Florida 401(a) FICA Alternative Plan ("401(a) Plan").

You may, however, be entitled to a Social Security benefit based on prior or subsequent employment, employment with another employer, or employment of your spouse or former spouse. If you are, that benefit may be affected by any benefit you receive from the 401(a) Plan upon retirement (or disability), based on two potentially applicable provisions of the Social Security law:

Windfall Elimination Provision - Under the Windfall Elimination Provision, your Social Security retirement (or disability) benefit is computed using a modified formula when you also are entitled to a pension from employment during which you did not pay Social Security tax. The result is that you may receive a lower Social Security benefit than if you were not entitled to a pension from the 401(a) Plan. This provision reduces, but does not totally eliminate, your Social Security benefit. For example, if you are age 62 in 2011, the maximum monthly reduction in your Social Security benefit as a result of this provision is the lesser of half of your 401(a) pension or \$374.50 (updated annually) if you have 20 or fewer years of substantial earnings in Social Security covered employment. The maximum dollar reduction decreases gradually for service in excess of 20 years and is zero if you have 30 or more years of substantial earnings in Social Security covered employment.

Government Pension Offset Provision - Under the Government Pension Offset Provision, any Social Security spouse or surviving spouse benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax, such as a benefit from the 401(a) Plan. The offset reduces the amount of your Social Security spouse or surviving spouse benefit by two-thirds of the amount of your pension. For example, if your 401(a) Plan benefit is equivalent to a monthly pension of \$300 based on earnings that are not covered under Social Security, \$200 (i.e., 2/3rds) is used to offset your Social Security spouse or surviving spouse benefit.

Note that although either provision above may impact your Social Security benefit, your Medicare benefits will not be affected.

For More Information - Social Security publications titled Windfall Elimination Provision and Government Pension Offset, as well as other information including exceptions to each provision, are available at www.socialsecurity.gov. You also may call toll free 1-800-772-1213, or for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

By my signature on the reverse side, I certify that I have received and read the foregoing information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on any potential future Social Security benefits to which I may be entitled.

Notice

FRAUD WARNING

In some states, we are required to advise you of the following:

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable to everyone, except Florida, New York, Oregon and Virginia Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and substantial civil penalties.