

**Indian River State College, Florida  
457(b) Deferred Compensation Plan Enrollment Form**

Name of Company - 457(b) Product Provider

Employee's Full Name

Employee Identification Number

**Original 457(b)**

(457(b) Effective Dates MAY NOT be during the current month.)

With respect to services rendered by the Employee hereafter, IRSC and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

Equal amounts of \$ \_\_\_\_\_ per pay date, effective with the pay date of \_\_\_\_\_, 20 \_\_\_\_.

Amounts equal to \_\_\_\_\_% of compensation per pay date, effective with the pay date of \_\_\_\_\_, 20 \_\_\_\_.

**Amendment of 457(b) Agreement - Type of Change Desired**

(457(b) Effective Dates MAY NOT be during the current month.)

Increase from \$ \_\_\_\_\_ per pay date to \$ \_\_\_\_\_, effective with the pay date of \_\_\_\_\_, 20 \_\_\_\_.

Decrease from \$ \_\_\_\_\_ per pay date to \$ \_\_\_\_\_, effective with the pay date of \_\_\_\_\_, 20 \_\_\_\_.

Change contribution percentage to \_\_\_\_\_% of compensation per pay date beginning the pay date of \_\_\_\_\_, 20 \_\_\_\_.

Suspend/Terminate Reduction:  
Effective the pay date of \_\_\_\_\_, 20 \_\_\_\_.

**Utilization of Age-Based Addition or Catch-Up Options**

Employee acknowledges using one or both of the two additional amounts:

Age-Based Addition (over 50 years of age) \$ \_\_\_\_\_

Final three (3)-year catch-up provision \$ \_\_\_\_\_

**Load/No Load Disclosure Statement**

Employee acknowledges receipt of the appropriate disclosure materials (prospectus, etc.), and is aware of the Maximum Allowable Contribution (MAC) limits for the current calendar year. (Product Disclosure Form not required) \_\_\_\_\_  
Employee's Initials Required

The agent/representative confirms disclosure materials were provided and discussed. \_\_\_\_\_  
Agent's Initials Required

The undersigned hereby agrees to the terms and conditions of the Indian River State College, FL Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

I (the Employee) understand and agree to the following:

My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Indian River State College, FL for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee.

I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

**Release of Liability** - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies.

The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee.

**Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

**Designation of Beneficiary** - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.

Effective Date of this Agreement \_\_\_\_\_, 20 \_\_\_\_.

Indian River State College, FL

\_\_\_\_\_  
AGENT / REPRESENTATIVE

By: \_\_\_\_\_  
EMPLOYER REPRESENTATIVE

\_\_\_\_\_  
EMPLOYEE

DATED \_\_\_\_\_, 20 \_\_\_\_

DATED \_\_\_\_\_, 20 \_\_\_\_

**Important Notice-** A copy of the account application must accompany this agreement and the following ownership and beneficiary designations must be used:

Owner - "Indian River State College, FL 457(b) Plan FBO (participant's name)"

Beneficiary - Any single or multiple beneficiaries named by the participant. (Do not list Indian River State College, FL as a beneficiary)

# Indian River State College

*2014-2015 Deadline Dates for  
403(b) Annuity Contract or Custodial Accounts  
ROTH 403(b) Annuities  
457(b) Deferred Compensation Plan*

**Full Time & Part Time  
Employees**  
(Administration, Faculty & Staff)

**Adjunct Instructors  
Paid by Credit Hours**

**Adjunct Instructors  
Paid by Clock Hours**

Paycheck Date	Form Due to H.R.	Paycheck Date	Form Due to H.R.	Paycheck Date	Form Due to H.R.
08/15/2014	07/21/2014			08/15/2014	07/21/2014
08/29/2014	08/04/2014				
09/15/2014	08/18/2014			09/15/2014	08/18/2014
09/30/2014	09/03/2014	09/30/2014	09/03/2014		
10/15/2014	09/17/2014	10/15/2014	09/17/2014	10/15/2014	09/17/2014
10/31/2014	10/06/2014				
11/14/2014	10/20/2014	11/14/2014	10/20/2014	11/14/2014	10/20/2014
11/25/2014	10/29/2014				
12/15/2014	11/18/2014	12/15/2014	11/18/2014	12/15/2014	11/18/2014
12/19/2014	11/24/2014				
01/15/2015	12/05/2014			01/15/2015	12/05/2014
01/30/2015	01/06/2015	01/30/2015	01/06/2015		
02/13/2015	01/19/2015	02/13/2015	01/19/2015	02/13/2015	01/19/2015
02/27/2015	02/03/2015				
03/13/2015	02/16/2015	03/13/2015	02/16/2015	03/13/2015	02/16/2015
03/31/2015	02/27/2015				
04/15/2015	03/19/2015			04/15/2015	03/19/2015
04/30/2015	04/03/2015	04/30/2015	04/03/2015		
05/14/2015	04/17/2015			05/14/2015	04/17/2015
05/28/2015	04/29/2015				
06/15/2015	05/19/2015	06/15/2015	05/19/2015	06/15/2015	05/19/2015
06/30/2015	06/02/2015				
07/15/2015	06/17/2015			07/15/2015	06/17/2015
07/30/2015	07/01/2015	07/30/2015	07/01/2015		