

Marion County Public Schools, FL 457(b) Product Disclosure

Prepared for (Employee): _____

This disclosure statement must be completed by the provider and a copy given to the employee each time the employee executes a new salary reduction agreement (SRA) with the **Marion County Public Schools, FL**. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the Payroll Department.

(Not required for amendments to original SRA)

<p>I. Administration Data:</p> <p>A.</p> <p>Insurance Company or Mutual Fund _____ Administrator or Custodian _____</p> <p>Company Address: _____</p> <p>Company Telephone: _____</p>	<p>B.</p> <p>Local Agent/Registered Representative _____ Name of Local Firm _____</p> <p>Local Address: _____</p> <p>Local Telephone: _____</p>
<p>II. Project Type: (please check one)</p> <p><input type="checkbox"/> Interest Annuity-Current rate _____ % Guaranteed rate _____ %</p> <p><input type="checkbox"/> Equity Index Annuity</p> <p><input type="checkbox"/> Variable Annuity</p> <p><input type="checkbox"/> Mutual Fund</p>	<p>IV. For Equity Index Annuities Only:</p> <p>Index Utilized: _____</p> <p>Current Participation Rate: _____ % (Min/Max) _____ %/ _____ %</p> <p>Guaranteed Interest Rate: _____ % on _____ % of payments.</p>
<p>III. Fees or charges associated with the Contract or Fund: (complete applicable sections only)</p> <p>Annual Fee: \$ _____ or _____ % of _____.</p> <p>Custodial Fee: \$ _____ per _____.</p> <p>Front-end Sales charge _____ % of each contribution.</p> <p>Registered Investment Advisor Fee \$ _____ per _____, or other _____.</p> <p>Annual Mortality and Expense Charge _____ %.</p> <p>Loan Processing Fee \$ _____.</p> <p>Fee for Transfers between Funds or Sub-accounts \$ _____.</p> <p>Other _____</p> <p>None for all above <input type="checkbox"/></p>	<p>V. Surrender Charges or contingent Deferred Sales Charge: (if applicable)</p> <p>Declining - _____ % beginning year one and reducing to 0% in year _____.</p> <p>Rolling - _____ % from the date of each contribution for _____ years.</p> <p>Other - _____</p>
<p>VII. Replacement Vendor Information:</p> <p>Is this a replacement of a current provider? YES <input type="checkbox"/> NO <input type="checkbox"/> Previous Vendor: _____</p> <p>Transfer of Assets <input type="checkbox"/> Non-Transfer of Assets <input type="checkbox"/></p> <p>If transferring, are there any surrender penalties or charges? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____</p> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>_____ Employee's Initials</p> </div>	<p>VI. Loan Provisions:</p> <p>Are participant loans available for this account? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, how many times per year? _____.</p> <p>Minimum loan available: \$ _____.</p> <p>Current Loan Investment Rate _____ %.</p> <p>If variable, loan interest is based on _____.</p>
<p>VIII. Sub-account, Index or Fund Investment Objective: The investment option I have selected have been fully explained to me and are suitable to my retirement investment objectives and risk tolerance. Complete information concerning my investment options has been provided to me by the representative or company in the form of a current prospectus.</p> <p>The information disclosed above has been presented to my satisfaction by the undersigned representative, in addition to all required product information documents in connection with this account.</p>	

EMPLOYEE SIGNATURE

By: _____
EMPLOYER REPRESENTATIVE

DATED _____

DATED _____