

# BENCOR National Government Employees Retirement Plan Enrollment Form

University of Florida

401(a)

## GENERAL INFORMATION

Employer: \_\_\_\_\_  
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.

Is this form being completed to change an allocation of an existing account?

Yes  No

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

### Stable Value Fund

\_\_\_\_\_ % TFLIC Guaranteed Pooled Fund

### Stock Funds

\_\_\_\_\_ % Diversified Value Fund  
\_\_\_\_\_ % Diversified Stock Index Fund  
\_\_\_\_\_ % Diversified Growth & Income Fund  
\_\_\_\_\_ % Diversified Equity Growth Fund  
\_\_\_\_\_ % Diversified Mid Cap Value Fund  
\_\_\_\_\_ % Diversified Mid Cap Growth Fund  
\_\_\_\_\_ % Diversified Small Cap Value Fund  
\_\_\_\_\_ % Diversified Small Cap Growth Fund  
\_\_\_\_\_ % Diversified International Equity Fund

### Multi-Asset Funds

\_\_\_\_\_ % Diversified Short Strategic Allocation Fund  
\_\_\_\_\_ % Diversified Short/Inter Strategic Allocation Fund  
\_\_\_\_\_ % Diversified Intermediate Strategic Allocation Fund  
\_\_\_\_\_ % Diversified Inter/Long Strategic Allocation Fund  
\_\_\_\_\_ % Diversified Long Strategic Allocation Fund

### Bond Funds

\_\_\_\_\_ % Diversified Total Return Bond Fund  
\_\_\_\_\_ % Diversified High Yield Bond Fund

**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.

# Information

## **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.