

## JRB Enrollment Form

Please complete this application by adding any missing information, completing the Beneficiary Designations, choosing your initial Account Options, and signing and dating the application.

Return this form in the envelope provided or to : **Joint Retirement Board, One Penn Plaza, Suite 1515, New York, NY 10119.**

### I. Participant Information

Name: _____	S.S. #: _____
Address: _____	Date of Birth: _____
City: _____ State: _____ Zip: _____	Spouse's Name: _____
Telephone: _____ Cell Phone: _____	Spouse's Birth Date: _____
Affiliation: <input type="checkbox"/> CA <input type="checkbox"/> JEA <input type="checkbox"/> NAASE <input type="checkbox"/> RA <input type="checkbox"/> None	JTS/Ziegler Graduation Date: _____
e-mail: _____	
Mother's Maiden Name: _____	

### II. Employment Information

Job Title: _____	Work Phone: _____
Employer Name: _____	Work Fax: _____
Address: _____	
City, State, Zip: _____	

### III. Beneficiary Designations

Please print the names of your beneficiaries and provide their relationship to you, their dates of birth and phone numbers. Make sure you indicate percentages for each beneficiary and that beneficiary types each total 100%.

Your primary beneficiary(ies) will receive your plan assets upon your death. Your contingent beneficiary(ies) will receive your plan assets if your primary beneficiary predeceases you, passes away at the same time as you or disclaims the inheritance.

<b>Spousal Consent:</b> _____ <small>Signature of Spouse</small>	(Required for married accountholders when spouse is not the Primary Beneficiary)
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<b>Primary Beneficiary(ies)</b>					<input type="checkbox"/> equal shares, <i>per stirpes</i>
<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Phone Number</b>	<b>%</b>	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

<b>Contingent Beneficiary(ies)</b>					<input type="checkbox"/> equal shares, <i>per stirpes</i>
<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Phone Number</b>	<b>%</b>	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

**Please complete and sign the other side**

**IV. Account Options**

Please designate the choices in which your money should be deposited. You can change this new money allocation at any time. You can also transfer balances within your Joint Retirement Board account freely without expense.

**Please select one option below.**

**Option 1** Please select One of the Target Date Maturity Funds

- |                                                     |                                                   |                                                   |                                                   |
|-----------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Fidelity Freedom Income K6 | <input type="checkbox"/> Fidelity Freedom 2025 K6 | <input type="checkbox"/> Fidelity Freedom 2045 K6 | <input type="checkbox"/> Fidelity Freedom 2065 K6 |
| <input type="checkbox"/> Fidelity Freedom 2010 K6   | <input type="checkbox"/> Fidelity Freedom 2030 K6 | <input type="checkbox"/> Fidelity Freedom 2050 K6 |                                                   |
| <input type="checkbox"/> Fidelity Freedom 2015 K6   | <input type="checkbox"/> Fidelity Freedom 2035 K6 | <input type="checkbox"/> Fidelity Freedom 2055 K6 |                                                   |
| <input type="checkbox"/> Fidelity Freedom 2020 K6   | <input type="checkbox"/> Fidelity Freedom 2040 K6 | <input type="checkbox"/> Fidelity Freedom 2060 K6 |                                                   |

**OR**

**Option 2** Please deposit my new money according to the following percentages. **Percentages must total 100% and be in whole numbers.**

<b>Managed Funds</b>	<b><u>Stable Value</u></b>		<b><u>Large-Cap Blend - Equity Funds</u></b>	
	Stable Value Interest Fund	_____ %	T. Rowe Price U.S. Equity Research	_____ %
	<b><u>Bond Funds</u></b>		<b><u>Large-Cap Growth - Equity Funds</u></b>	
	Vanguard Inflation-Protected Secs I	_____ %	Fidelity Contrafund	_____ %
	Western Asset Core Bond I	_____ %	<b><u>Mid-Cap Value - Equity Fund</u></b>	
	Goldman Sachs US Mortgages R6	_____ %	T. Rowe Price Mid-Cap Value	_____ %
	Fidelity Strategic Income	_____ %	<b><u>Mid-Cap Blend - Equity Fund</u></b>	
	<b><u>Hybrid (Stocks and Bonds)</u></b>		Fidelity Low-Priced Stock	_____ %
	Fidelity Puritan	_____ %	<b><u>Mid-Cap Growth - Equity Fund</u></b>	
	<b><u>Large-Cap Value - Equity Fund</u></b>		Goldman Sachs Small/Mid Growth R6	_____ %
JP Morgan Equity Income Select	_____ %	<b><u>Small-Cap Blend - Equity Fund</u></b>		
<b><u>Social Awareness Fund (Large-Cap Blend)</u></b>		Loomis Sayles Small Cap Value Inst	_____ %	
Parnassus Core Equity Fund Inst	_____ %	<b><u>International - Equity Fund</u></b>		
		American Funds EuroPacific Growth R6	_____ %	
<b>Index Array</b>	<b><u>Bond Fund Index</u></b>		<b><u>Mid and Small Cap Equity Index</u></b>	
	Vanguard Total Bond Market Index I	_____ %	Fidelity Extended Market Index	_____ %
	<b><u>Large-Cap Equity Index</u></b>		<b><u>International Index</u></b>	
	Fidelity 500 Index	_____ %	Vanguard Total Int'l Stock Index I	_____ %

**V. Voluntary Life Insurance**

Please check one.

- I would like to purchase additional Voluntary Life Insurance (in excess of the \$10,000 provided by the JRB). I will complete the enclosed Life Insurance Application and deliver it within 30 days of the date below.
- I do not want to purchase additional Voluntary Life Insurance.

**VI. Authorization**

I understand that the balance in my JRB account currently will be subject to an annual administrative fee of 0.32%.

The balance in your account is for your exclusive benefit and is shielded from creditors. Pursuant to the plan, if you do not receive the benefit to which you believe you are entitled, you may file a claim with the JRB. If your claim is denied you have a right to appeal. If your appeal is denied, you may continue to pursue your claim through arbitration. Arbitration is the exclusive means for contesting the JRB's decision on review. No legal action may be brought in any court, and the arbitrator's decision is final and binding on all parties. The arbitrator's decision may be enforced in any court of competent jurisdiction. Further, by participating in the plan, you agree to waive your right to commence, be a party to, recover from, and/or be an actual or putative member or representative of any class, collective, or representative action arising out of or relating to any claim, dispute, or controversy arising out of or relating to the plan. By signing below, you acknowledge that you understand and agree to the claims review process described above including that you agree not to pursue any legal action in court in regard to your claim and not to be part of any class, collective, or representative action against the JRB.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
JRB Authorization

\_\_\_\_\_  
Date