## FLORIDA INTERNATIONAL UNIVERSITY





# IRS contribution limits to 457(b) and 403(b) do not compete. Begin contributing to both, today!

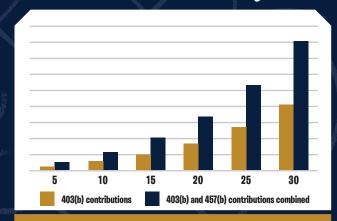
As a University employee, you have options. The Deferred Compensation Plan is a 457(b) retirement plan available to all university employees. The chart below shows how making contributions to both your Deferred Compensation Plan 457(b) and your voluntary 403(b) account can dramatically boost your retirement savings. Participants who maximize both their Deferred Compensation Plan 457(b) and voluntary 403(b) accounts are better able to meet their retirement savings goals.

## **Key Benefits of the Plan**

- Easy to understand fee structure
- Penalty-free withdrawals after separation from employment
- Lower current taxable income through automatic pre-tax payroll contribution
- Excellent investment options, including Fixed Accounts,
   Target Date Funds, and numerous Mutual Funds
- Penalty-free account modification, such as contribution change, investment reallocation, and Investment Provider addition/replacement
- Rollover other pre-tax retirement accounts into the Florida Deferred Compensation Plan
- Dedicated customer service and professional investment performance oversight from the Bureau of Deferred Compensation and the Plan's Investment Providers
- Immediate vesting

## PLAY TO WIN!

Participate in the 457(b), even if you participate in the 403(b) tax sheltered annuity



This chart is for illustrative purposes only and is not meant to represent the performance of any specific investment option. The scenario assumes a 7% annual rate of return, a maximized Regular contribution for the first 20 years, and a maximized Ages 50+ contribution for the remaining 10 years for both the 403(b) and the 457(b). Rates of return will vary.

### Online enrollment is available at MyFloridaDeferredComp.com







### DEPARTMENT OF FINANCIAL SERVICES

**Division of Treasury – Bureau of Deferred Compensation**STATE OF FLORIDA DEFERRED COMPENSATION PLAN

EZ ENROLLMENT FORM

Deferred Compensation is not part of your Florida Retirement System (FRS) plan and is not affiliated with your 3% contribution to the FRS. You decide the amount of your pre-tax contributions and delay paying taxes on the money you invest until you take a withdrawal. Upon leaving employment, you can take a withdrawal at any age without a penalty or you may leave your assets in the plan to continue to be invested.

| SECTION 1 -Please PRINT  | ·                      |                             | •                 | •                            |                          |                                  | act.                            |                          |                          |
|--|------------------------|-----------------------------|-------------------|------------------------------|--------------------------|----------------------------------|---------------------------------|--------------------------|--------------------------|
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| City:  |                        |                             | State:            | _ Zip:                       |                          | Date                             | of Birth: _                     | /                        | /                        |
| Phone Numbers: Home (  | )                      | Woı                         | k ()_             |                              |                          | Dept/Agenc                       | y:                              |                          |                          |
| Pay-cycle (Circle One): Bi-w   | eekly or Mo            | nthly                       | 1                 | Email Addr                   | ess                      |                                  |                                 |                          |                          |
| Your disclosure of your social security no<br>Plan, which is intended to qualify for ta<br>dentification number will be used as an | x deferral pursuant to | o 26 USC 457                | . Use of the iden | ntifying number              |                          |                                  |                                 |                          |                          |
| To assist in selecting an Invest<br>he Bureau of Deferred Compe<br>SECTION 2 - Select a Contr                                      | ensation website       | at <b>MyFl</b>              | oridaDef          | erredCo                      | formance                 | e Report" in <b>DM/PWB</b>       | the <b>Plan</b>                 | Watch                    | Booklet                  |
| SECTION 2 - Select a Conti   | Tibution Amoun         | it and inv                  | estinent Co       | шрапу                        |                          |                                  |                                 |                          |                          |
| STEP 1: Select a Contribution Contributions of $\square 4\% \square 3\%$   | Amount □ 2% □ other    | % o                         | r \$a             | pay period                   | will be in               | ivested into a                   | n age approj                    | priate tar               | get date fund            |
| Target Date Fund - Target D<br>automatically adjust over time  |                        |                             |                   |                              | ocks, bor                | nds, and cash                    | n equivalent                    | s that per               | iodically and            |
| STEP 2: Select an Investment (   | Company                |                             |                   |                              |                          |                                  |                                 |                          |                          |
| ☐ Corebridge Financial   |                        | □ Nation                    | ıwide Retire      | ement Solı                   | utions                   |                                  | □ Vo                            | ya Finan                 | cial                     |
| ☐ Check here if you want y   | your contributie       | ons increa                  | sed each Ja       | nuary by_                    | %                        | or \$                            |                                 |                          |                          |
| SECTION 3- Beneficiary De  | esignation             |                             |                   |                              |                          |                                  |                                 |                          |                          |
| In the event of my death, the bala<br>If no Beneficiary(ies) survives m<br>Beneficiaries must total 100%.                          | ince of my account     | t shall be pa<br>my account | id to the Prim    | nary Benefic<br>I to my Esta | iary(ies) i<br>te. Prima | in the specifie<br>ary Beneficia | d percentages<br>ries must tota | s who surv<br>il 100% ar | rive me.<br>nd Contingen |
| Primary OR  Contingent   | Spouse? No             | Yes                         | Date of Birth     | : /                          | /                        | % of Ac                          | count                           |                          | %                        |
| Name (First, MI, Last)   |                        |                             | City              |                              |                          | State:                           | Zin                             |                          |                          |
| Name (First, MI, Last)Address:Primary <b>OR</b> Contingent   | Spouse? No             | Yes                         | Date of Birth     | :/_                          | /                        | % of Ac                          | count                           |                          | %                        |
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| Primary <b>OR</b> Contingent   | Spouse? No             | Yes                         | Date of Birth     | : /                          | /                        |                                  | count                           |                          | %                        |
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| Address:   |                        |                             |                   |                              |                          |                                  | _                               |                          |                          |
| Address:  lease mail this form to the so fax this form to 850-4  | <i>88-7186</i> or sca  |                             |                   |                              |                          |                                  |                                 |                          |                          |
| Address:   | <i>88-7186</i> or sca  |                             |                   |                              |                          |                                  |                                 |                          |                          |

## **Employer Sponsored Plan**

## **Choose One**

### **SUSORP 403(b)\***

- Mandatory employee contribution and employer contribution
- Employee can make additional contribution
- Defined contribution invested with an approved Investment Provider (in funds chosen by employees)
- Immediate vesting

#### **FRS Investment Plan**

- Mandatory employee contribution and employer contribution
- Defined contribution invested in funds chosen by employee
- Vested after 1 year of FRScovered service (you are always fully vested in your own contributions)

#### **FRS Pension Plan**

- Mandatory employee contribution and employer contribution
- Defined benefit paid at retirement based on number of years of service and highest earning years
- Vested after 8 years of FRScovered service (you are always fully vested in your own contributions)

\*Only Faculty, Administrative and Professional (A&P), and Executive Service employees are eligible for SUSORP
\*\*OPS employees are not eligible for employer sponsored plans, but are eligible to enroll in a voluntary/supplemental retirement plan

# Plan. Save. Retire.

## Voluntary/ Supplemental Retirement Plan

## 457(b) Deferred Compensation

- Pre-tax contributions that lower taxable income
- Cash value of contributions at retirement
- Penalty free tax withdrawals 30 days after separation
- Multiple investment options
- Easy to understand fee structure
- Immediate vesting

#### 403(b) TSA

- Pre-tax contributions that lower taxable income
- Cash value of contributions at retirement
- Multiple investment options and immediate vesting

## 403(b) Roth

- Post-tax contributions that grow tax free
- Cash value of contributions at retirement
- Multiple investment options and immediate vesting

## Personal Investments or Savings Plans

 Available through your bank or personal financial advisor

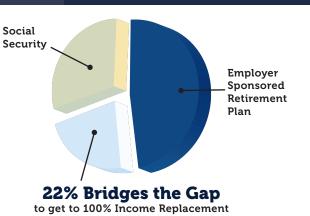
### **Social Security\***

 Exact benefit depends on several factors including retirement date, earnings, and the number of years paid into the fund

\*OPS employees do not earn Social Security Credits because they participate in the FICA Alternative Plan. For Social Security benefit questions please contact the Social Security Administration office.

## **Bridge the Gap**

Your employer sponsored retirement plan and Social Security are likely to only provide about 78% income replacement during retirement. That leaves a 22% gap in income replacement. The Florida Deferred Compensation Plan is available to help bridge the savings gap.





# 888-467-3726 FloridaDCP.CorebridgeFinancial.com



800-949-4457 NRSFlorida.com



800-282-6295 Florida457.BeReady2Retire.com



888-393-7272 Schwab.com Enrollment available by request.



## MyFloridaDeferredComp.com



### BUREAU OF DEFERRED COMPENSATION

200 East Gaines Street, Tallahassee, FL 32399
Toll-Free: 877-299-8002 | Local: 850-413-3162 | Fax: 850-488-7186
MyFloridaDeferredComp.com | DeferredCompensation@MyFloridaCFO.com