

## CITY OF NORTH MIAMI BEACH PERSONNEL TRANSACTION FORM

NAM	IE: Philli	n Ford						EMPL	OYEE	ID#: //	20,	70 P	OS. #:	20	030
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(F)	СОММЕ														
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(G)		nt Director		1	ALIA	n				Dat	e:	1	4,2	2	
	Department Director     Finance Director			-	Mari					Date: 1 4 22					
	3) Human Resources Director			AA	1					Date: 15.32					
,		ssistant City M			TWY	1				Dat	e:	194	,		
			augei	1	V.	ru				Dat	e:	1	7/2	2	
5)	city Manag	ger/Designee			-							1	110	Po	v 02/17

EK109088



Print date: 11/03/2020

## 401a Money Purchase Plan Employee Enrollment Form — Page 1

I. REQUIRED PERSONAL INFORMATION	· · · · · · · · · · · · · · · · · · ·		1965 - 1965 1965 1986 1986 1986 1986 1986 1986 1986 1986
119 071(5)(a	ve: CITY OF NORTH MIAMI BEACH ) - Social Security Numbers		
Social Security Number (for tax-reporting purposes)	in General		
Full Name of Participant: Ford	THAI .		M.i.
Mailing Address/Street: 1372 SW In Gry: Port Said Luce	grassing Avenue	State: F L Zip Code: 3	4953
ary: Yort Said Lucie			1 (22
Date of Birth: 6 6 / 20 / 1 9 6 \$ (mm/dd/y	yyyy) Date Employed/Rehired; <u>O</u>	06/2022 (mm/dd/yyyy)	
Job Title: Chief Procurement Office Preferred Phone Number: (5 6 1) 3 5 8 6			
EMPLOYER USE ONLY Complete this portion if the participation of the part	ant is rehired. Rehire? (heck if yes		
Date of Initial Employment/ Date of To	ermination/ Vesting	g Percentage % Previous Months o	f Service
2. CONTRIBUTION AMOUNT			Standiffication (Comment Parameter)  January Brown (Comment Parameter)  January Brown (Comment Parameter)  January Brown (Comment Parameter)  January Brown (Comment Parameter)
1 authorize my employer to deduct: (check all that apply)  Mandatory pre-tax deferrals of% or \$			
☐ Voluntary after-tax deferrals of% or \$	from my pay each pay period.		
For employer use: The employer will contribute%	or \$ The employee will co	ntribute% or \$	_•
3. BENEFICIARY DESIGNATION		ingen om volgen i state en blev og det skalende skalende skalende skalende skalende skalende skalende skalende	्रेट के स्थान क्षेत्रके प्राप्त के स्थान के स्थान के स्थान क्षेत्रके के स्थान के स्थान के स्थान के स्थान के स् स्थान के स्थान के स्
<ul> <li>Update and designate additional beneficiaries at any time via Account</li> <li>Failure to indicate any percentage or failure to use whole percentages may invalidate your beneficiary designation.</li> <li>Check one "Beneficiary Type" and one "Relationship" for each benefice</li> </ul>	s (e.g., enter 33%, not 33.33% or 33 <sup>1</sup> /3 %) that total ciary. Failure to do so may result in your designation b	eing invalid.	
<ul> <li>Married Participants - Some 401 plans require that you obta in a community property state (AZ, CA, ID, LA, NV, NM, TX, account. Use the Beneficiary Designation Form, available on</li> </ul>	, WA, or WI), you must obtain consent from yo	ur spouse to designate a nonspouse benefici <mark>ary</mark>	00% of your account. If you liv for greater than 50% of the
Beneficiary Type: 🗹 Primary	Relationship (Check One): 🔲 Spouse 🐧	Non-Spouse 🔲 Trust* 🔲 Charity	
119.071(5)(j) - Emergency Contact Info	ormation provided to an Agency บัญลักษัทธ	119.071(5)(a) - Social Security Numbers in Social Security Number	<u>j o o</u> % % of Benefit (whole % only)
Beneficiary Type(Check One):  Primary  Contingent	Relationship (Check One): Spouse	□ Non-Spouse □ Trust* □ Charity	0.
Name	Date of Birth	Social Security Number	% % of Benefit (whole % only)
Beneficiary Type(Check One):  Primary  Contingent	,	☐ Non-Spouse ☐ Trust* ☐ Charity	av av
Name	/	Social Security Number	% of Benefit



## 401a Money Purchase Plan Employee Enrollment Form — Page 2

Employer Plan Number 109088	119.071(5)(a) - Social in Gene		Name	(please priot)	Ford	war.			
Beneficiary Type(Check One): 🚨 Primary	Contingent	Relationship (Check One):	Spouse	☐ Non-Spot	ise 🔲 Trust*	Charit	у		
Name		Date o	_// f Birth	<del></del> -	Social Security No	umber	% of B		
* Trust Beneficiaries - You must submit required minimum distributions.	a copy of your entire trust docum	ent with the enrollment form	if you desire the	beneficiaries of t	ne trust to be treat	ed as designated	l beneficiaries for	the purpose of	determining
Designate additional beneficiaries of Social Security number, and the add	online after your account is es ditional beneficiary information	stablished, or write "see ion.	attached sheet	" and attach a	d sign a separa	te piece of pap	er with your no	une, plan nun	ıber,
4. INVESTMENT SELECTION	式 1975年 東北 188 2 日曜 - 福田 - 東東			1		Landing Landing			por training
Choose only one of the inves 100%, or the allocation instructions are inv Investments included in the Enrollment K  Build your own investment portf	olid, assets will be allocated to the it for more information. Note: The	e detault investment selected	rovide will apply t	o payroll contrib	IIDAI OCHORS ALG LGC	cation instruction	IS are provided, II. Review the Notion  EMPLOYEE CON		Default
Input the fund codes and allocation pe show how contributions to your accoun investment options available to your p Note: Please use whole percenta	rcentages (must total 100%) to t will be invested. For a list of lan, go to www.icmarc.org/fundin	Code	Percent	(ode	Percent	Code	Percent	Code	Percent
				TO	AL = 100%			<b>T</b> i	OTAL = 100°
Submit this form to your employer put Note that by signing this form you acknow identification numbers, recording of instruct LLC, par Voltagepoint Transfer Agents, LLC Participant's Separative	romptly to avoid investment of ledge that you agree to the follow tions, and written confirmations.	delay. If this form is faxed to ring disclosure: I understand In the event I choose to trans	o ICMA-RC please that !CMA-RC has fer funds by Inter ny Internet or tele	do not mail the o established requi net or telephone,	riginal. red procedures for I agree that neith is believed by it to	Internet and tel er the YantageTi be genuine and Employee ID	ephone transfers t rust Company, ICM in accordance wit	that include per IA-RC, ICMA-RC	sonal Services,

Print date: 11/03/2020

## **Public Records Exemptions**

Enclosed please find a copy of the response documents for your public records request. The following information is provided to explain the process employed to review and produce the response documents.

Reason	Description	Pages
119.071(5)(a) - Social Security Numbers in General	Social Security Numbers in General	2-3
119.071(5)(j) - Emergency Contact Information provided to an Agency	Emergency Contact Information provided to an Agency	2