



Participant New Account Application

1. Plan Sponsor Information

3 8 2 9 4 5 2 3 3

Plan Sponsor Tax ID

Public Employers Retirement Trust

Plan Sponsor Name (print)

Employer Name (if different from plan sponsor)

2. Participant Information

Participant Name (print)

Street Address

City State Zip Phone # E-mail

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Social Security Number

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Birth Date (mm/dd/yyyy)

3. Suitability Information

Gross Annual Income:	Net Worth: (exclude home)	Tax Bracket:	Risk Tolerance:	Investment Objectives
<input type="checkbox"/> \$ 0- 24,999	<input type="checkbox"/> \$ 0- 49,999	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Income
<input type="checkbox"/> \$ 25,000- 59,999	<input type="checkbox"/> \$ 50,000- 149,999	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Growth/Income
<input type="checkbox"/> \$ 60,000- 124,999	<input type="checkbox"/> \$ 150,000-299,999	<input type="checkbox"/> High	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Long Term Growth
<input type="checkbox"/> \$ 125,000- 199,999	<input type="checkbox"/> \$ 300,000-499,999	<input type="checkbox"/> Top	<input type="checkbox"/> Speculative	<input type="checkbox"/> Short Term Trading
<input type="checkbox"/> \$ 200,000- 299,999	<input type="checkbox"/> \$500,000- 699,999	Remarks:		
<input type="checkbox"/> \$ 300,000- 399,999	<input type="checkbox"/> \$700,000- 999,999			
<input type="checkbox"/> \$ 400,000 & over	<input type="checkbox"/> \$1,000,000 & Over			

1. Do you have cash or other marketable securities for emergencies? Yes No

2. Have you received and reviewed the current prospectus and/or fee schedule for your investment? Yes No

3. Has your registered representative explained and do you understand the following risks or fees that may apply to your investment?

Administrative and transfer fees?	<input type="checkbox"/> Yes	Sales and set-up charges?	<input type="checkbox"/> Yes
Surrender and liquidation charges?	<input type="checkbox"/> Yes	Fluctuation of yield?	<input type="checkbox"/> Yes
Management and advisor fees?	<input type="checkbox"/> Yes	Fluctuation of share values?	<input type="checkbox"/> Yes

Rep# Branch# Rep. Name:

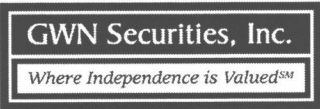
4. Payroll Deduction Authorization

I authorize payroll deduction of _____ per pay, effective _____.

Amount Date

Amount \$ _____ X _____ (number of pay periods per year) = \$ _____

Estimated annual contribution



11440 N. Jog Road, Palm Beach Gardens, FL 33418 (561) 472-2700
Member NASD, SIPC

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5. Investment Election

Investment %

Fixed Account _____ %

FTJ FundChoice Account (please also complete the FTJ FundChoice application) _____ %

American Funds (please indicate the specific mutual fund(s) here) _____ %

_____ %

_____ %

_____ %

(please attach a separate listing if selecting more than three funds)

Other _____ %

Total of all elections must equal 100%. 100 %

6. Beneficiary Designation

I hereby designate the following persons/entities as primary and secondary beneficiaries for this account, payable by reasons of my death. (If a trust is beneficiary, a copy of the trust document must be provided.) Notice: This Beneficiary Designation can have important legal and/or tax consequences. We recommend that you consult with your lawyer or tax advisor for the appropriate designation.

Primary	Secondary	Full Name	%	Relationship	SSN	DOB
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

Spousal Consent (if required)

If you are married and designate a primary beneficiary other than your spouse, please consult your tax advisor about state and tax law implications of this section.

I agree to my spouse's naming of a primary beneficiary other than myself. I also acknowledge that I shall have no legal claim whatsoever against the Custodian for any payment to my spouse's named beneficiary.

Spouse's Name (print)

Notary's Name (print)

Spouse's Signature

Date

Notary's Signature

7. Signatures

Participant Name (print)

Participant Signature

Date

Representative Signature

Date

Principal Signature

Code

Date