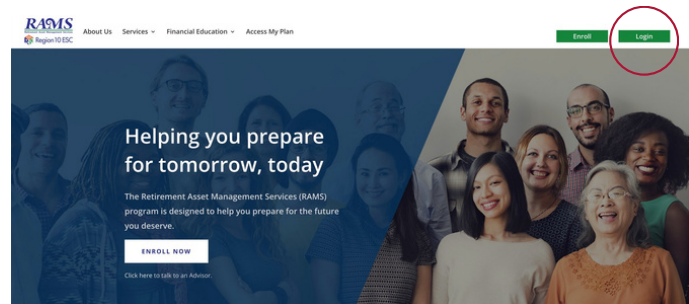


FICA Alternative Plan Login Instructions

These instructions are for users to access their online account for FICA Plans.

1. Go to www.ramsretirement.com and click **Login**. Next click on the **Enroll** button.



2. An account has already been created on your behalf.

FIRST TIME USERS

Enter your Social Security Number as the **username**, and your birthday in numerical digits (MMDDYYYY) as the **password**.

For example:

Social Security number: 123-45-6789

Birthday: 01/02/1980

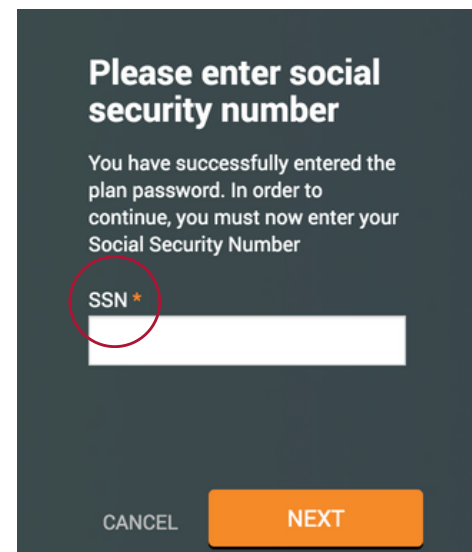
Username: 123456789

Password: 01021980

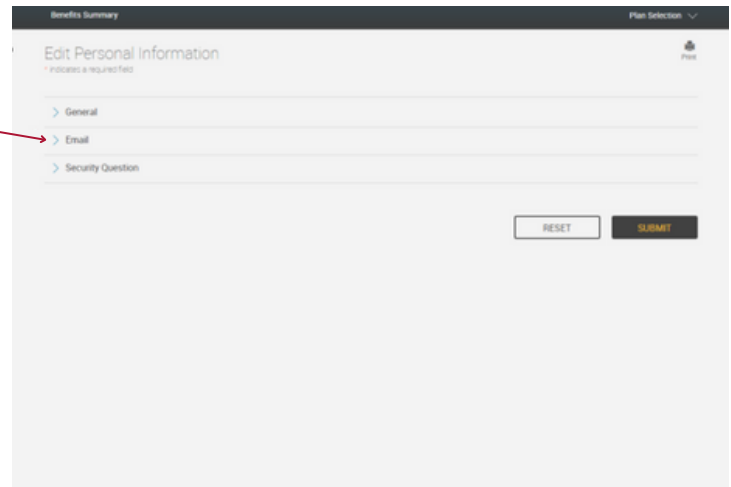
RETURNING USERS

Enter your existing credentials to access your account.

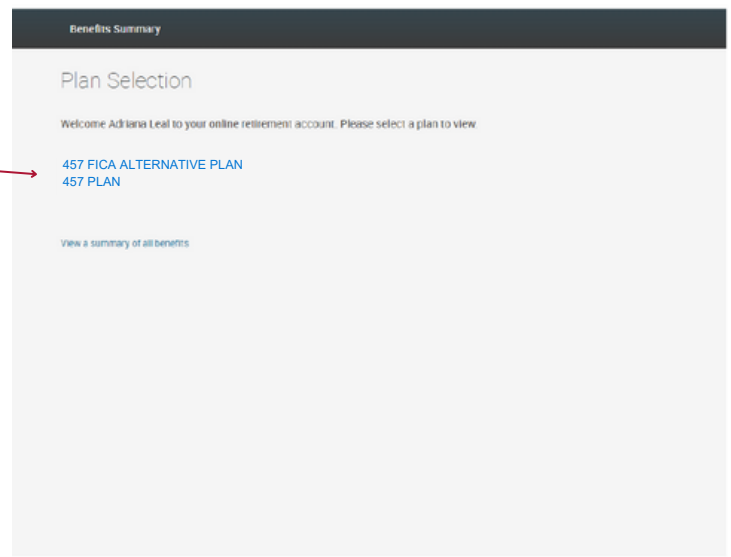
If you are still unable to login, please call **(800) 943-9179**



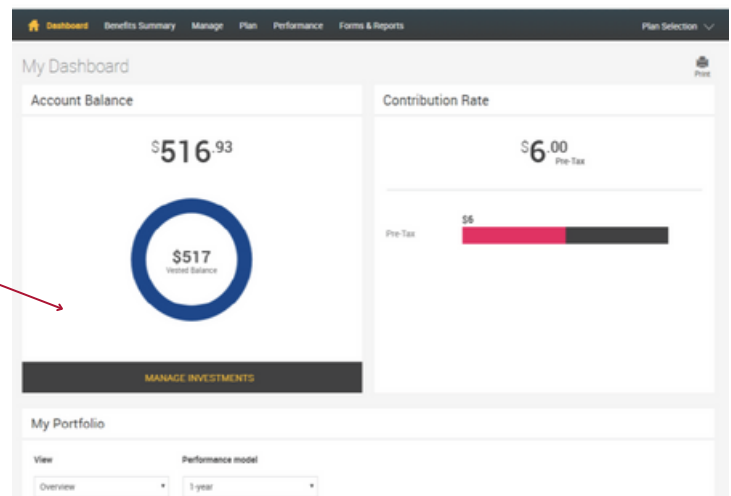
3. If needed, please edit personal information.



4. If more than one account is assigned to the user, select the plan you wish to view. In this example, we are going to select the FICA Alternative Plan.



5. From the dashboard screen, you can view the performance of your funds, your most recent account balance, and your contribution rate.



6. Under Forms and Reports, you will be able to view your most recent statement. Make sure you click on Report Group for statement selections

TCG

Dashboard Manage Performance **Forms & Reports** Plan Selection

Reports

Create Reports

Select report group: None Select report: None

Available plan years: 09/01/2016 - 09/31/2017 From: N/A To date: N/A GET RESULTS

Name	Size	File Type	From Date	To Date	Delete
> Report Group: None					

8. To add your beneficiaries, select the gear wheel and choose the Beneficiaries option.

TCG

Dashboard Benefits Summary Manage Plan Performance **Forms & Reports** Plan Selection

My Dashboard

Contribution Rate

Pre Tax: \$0

9. Add your Beneficiary information and select SAVE.

TCG

Dashboard Benefits Summary Manage Plan Performance **Forms & Reports** Plan Selection

Beneficiaries

Beneficiary Designation 1

Items marked with asterisk (*) must be completed before you can proceed to the next step.

Beneficiary type: Primary Beneficiary percent: *

Name *, Relationship, Birth date, Social security number (optional)

Street address 1, Street address 2

City, State, Zip code, Country

DELETE

ADD SAVE

