

Enrollment Form 457(b) Governmental

Retirement Plan Service Center
 PO Box 1583, Hartford, CT 06144-1583
 Fax Number: 860-843-3577



Group No: 107676		Social Security No:	
Employer: City of Duluth, MN		Dept/Location:	
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	Date of Birth:
			Date of Hire:
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

A. CONTRIBUTIONS

Employee \$ or % Amount X Frequency* = Annual Contribution = Total

Current Annual Salary \$

I am utilizing the plan's age 50+ catch-up provision
 I am utilizing the plan's pre-retirement catch-up provision.
 My unused deferral limitation is \$
 My anticipated retirement date is / /

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	<input type="text"/>

B. SIGNATURES

I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus or disclosure document, whichever is applicable, is acknowledged. Further I wish to participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on the last page of this form.

Signed in the state of _____ on _____

 Date

Participant Signature _____

This document has been received and accepted by the Plan Administrator.

Plan Administrator Signature _____ Date _____

Printed Name of Registered Representative _____ Registered Representative
 Tax ID/Producer Code _____

Selling Firm Name _____ Selling Firm Tax ID _____

C. INVESTMENT ELECTION

I elect to have my future contributions invested as follows. I understand that this Enrollment Form is to be used to record my initial investment option election and may not be used for investment option transfers or investment option allocation changes. To make investment changes please call 1-800-528-9009 or visit retire.hartfordlife.com.

SECTION 1

Selections must be in whole percentages totalling 100%.

- _____ % 5X American Century Equity Income Inv Opt
- _____ % 20 American Century Income and Growth Inv Opt
- _____ % 6A American Century International Growth Inv Opt
- _____ % 10 American Century Ultra Inv Opt
- _____ % 2P American Century Value Inv Opt
- _____ % 1N Calvert VP SRI Balanced Portfolio Inv Opt
- _____ % 2Q Dreyfus Intermediate Term Income Inv Opt
- _____ % 5A Dreyfus LifeTime Growth and Income Inv Opt
- _____ % 5D Dreyfus Third Century Inv Opt
- _____ % 2I DWS Growth & Income Inv Opt
- _____ % 1T Fidelity Advisor Balanced Inv Opt
- _____ % 2J Fidelity Advisor Growth & Income Inv Opt
- _____ % 1R Fidelity Advisor Growth Opportunities Inv Opt
- _____ % 2V Franklin Small-Mid Cap Growth Inv Opt
- _____ % 40 General Account
- _____ % 1L Hartford Advisers HLS Inv Opt
- _____ % 1J Hartford Capital Appreciation HLS Inv Opt
- _____ % 1C Hartford Dividend and Growth HLS Inv Opt
- _____ % 4E Hartford Global Health HLS Inv Opt
- _____ % 9I Hartford Global Research HLS Inv Opt
- _____ % 1A Hartford Index HLS Inv Opt
- _____ % 1M Hartford International Opportunities HLS Inv Opt
- _____ % 2Q Hartford MidCap HLS Inv Opt
- _____ % 1G Hartford Money Market HLS Inv Opt
- _____ % 1I Hartford Small Company HLS Inv Opt
- _____ % 1E Hartford Stock HLS Inv Opt
- _____ % 1B Hartford Total Return Bond HLS Inv Opt
- _____ % DI Hartford U.S. Government Securities HLS Inv Opt
- _____ % 5H Invesco Financial Services Inv Opt
- _____ % 5J Invesco Leisure Inv Opt
- _____ % 9K Invesco Small Cap Growth Inv Opt
- _____ % 5L Invesco Technology Inv Opt
- _____ % 2U Janus Balanced Inv Opt
- _____ % 3W Janus Enterprise Inv Opt
- _____ % 3R Janus Overseas Inv Opt
- _____ % 2D Janus Twenty Inv Opt
- _____ % 2C Janus Worldwide Inv Opt
- _____ % 2H Managers AMG Skyline Special Eq Port Inv Opt
- _____ % 5T Massachusetts Investors Growth Stock Inv Opt



- ____ % ZZ MFS Core Equity Inv Opt
- ____ % 5R MFS High Income Inv Opt
- ____ % 5U MFS Utilities Inv Opt
- ____ % 5V Putnam Global Equity Inv Opt
- ____ % 2T Putnam High Yield Advantage Inv Opt
- ____ % 2E Putnam International Growth Inv Opt
- ____ % CT Putnam Multi-Cap Growth Inv Opt

All investment options may not be available in all jurisdictions. Please consult your Plan Sponsor to determine which are available.