

# Enrollment Form 457(b) Governmental

MassMutual Retirement Services

PO Box 1583, Hartford, CT 06144-1583

Fax Number: 877-526-2531 or 800-678-8645

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

## C. INVESTMENT ELECTION

I elect to have all future contributions invested among the investment options I have selected below. 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 massmutual.com/serve.

### SECTION 1

Selections must be in whole percentages totaling 100%.

- % 5X American Century Equity Income INV
- % 20 American Century Income and Growth INV
- % 6A American Century International Growth INV
- % 10 American Century Ultra INV
- % 2P American Century Value INV
- % 1N Calvert VP SRI Balanced Portfolio
- % ZQ Dreyfus Intermediate Term Income A
- % 5D Dreyfus Third Century A
- % 2I DWS Core Equity S
- % 1T Fidelity Advisor Balanced T
- % 2J Fidelity Advisor Growth & Income T
- % 1R Fidelity Advisor Growth Opportunities T
- % 2V Franklin Small-Mid Cap Growth A
- % 40 General Account
- % 1L Hartford Balanced HLS IA
- % 1J Hartford Capital Appreciation HLS IA
- % 1C Hartford Dividend and Growth HLS IA
- % 9I Hartford Global Research HLS IA
- % 4E Hartford Healthcare HLS IA
- % 1A Hartford Index HLS IA
- % 1M Hartford International Opportunities HLS IA
- % 2Q Hartford MidCap HLS IA
- % 1I Hartford Small Company HLS IA
- % 1E Hartford Stock HLS IA
- % 1B Hartford Total Return Bond HLS IA
- % DI Hartford U.S. Government Securities HLS IA
- % 1G Hartford Ultrashort Bond IA
- % PV Invesco American Franchise A
- % QK Invesco Diversified Dividend INV
- % 9K Invesco Small Cap Growth INV
- % 5L Invesco Technology INV
- % 2U Janus Balanced T
- % 3W Janus Enterprise T
- % 2C Janus Global Research T
- % 3R Janus Overseas S
- % 2D Janus Twenty T
- % 2H Managers AMG Skyline Special Eq Port
- % 5T Massachusetts Investors Growth Stock A
- % ZZ MFS Core Equity A
- % 5R MFS High Income A
- % 5U MFS Utilities A
- % 5V Putnam Global Equity A
- % 2T Putnam High Yield Advantage A
- % 2E Putnam International Growth A
- % CT Putnam Multi-Cap Growth A

100%

All investment options may not be available in all jurisdictions.

Please consult your Plan Sponsor to determine which are available.

## A. CONTRIBUTIONS

Employee	\$ or % Amount	Frequency*	Annual Contribution	Total
	<input type="text"/>	X <input type="text"/>	= <input type="text"/>	= <input type="text"/>
* Roth After Tax	<input type="text"/>	X <input type="text"/>	= <input type="text"/>	

Current Annual Salary \$

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

- 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  /  /

\*I understand that once an amount is contributed, its designation as a Roth contribution may not be changed.

## 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 Signature

Registered Representative Tax ID/Producer Code \_\_\_\_\_

Selling Firm Name \_\_\_\_\_ Selling Firm Tax ID \_\_\_\_\_

### Fraud Warning Statements

The following states require insurance applicants to acknowledge a fraud warning statement specific to that state. Please refer to the specific fraud warning statement for your state as indicated below. If your state is not separately listed, please refer to the NAIC Model Fraud Statement below.

**NAIC Model Fraud Statement:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arkansas and West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

**District of Columbia** - Warning: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey** - Any person who knowingly includes any false or misleading information on an application for an insurance policy, or files a statement of claim containing any false or misleading information, is subject to criminal and civil penalties.

**New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**Oklahoma** - Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon** - Any person who knowingly, and with INTENT TO DEFRAUD or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia and Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates.

Effective January 1, 2013, Massachusetts Mutual Life Insurance Company ("MassMutual") acquired The Hartford's Retirement Plans Group ("RPG") business. MassMutual has no affiliation, and the RPG business no longer has any affiliation, with The Hartford Financial Services Group, Inc. or any of its subsidiaries. MassMutual has been appointed by Hartford Life Insurance Company ("HLIC") to provide all administrative services necessary to support the insurance contracts issued by HLIC in connection with the RPG business.