City of Tyler, Texas Deferred Compensation	Plan 744963-01
Participant Information	ĭ
Last Name First Name MI (The name provided MUST match the name on file with Service Provider.)	Social Security Number  E-Mail Address
Mailing Address	☐ Female ☐ Male ☐ Nontinary ☐ Unspecified
ote statement of another statement	⊔ Married ⊐ Unmarried
City State Zip Code  ( )	Mo Day Year Mo Day Year  Date of Birth Date of Hire
☐ Check box if you prefer to receive quarterly account statements in Spanish.	
Do you have a retirement savings account with a previous employer or an	IRA? □ Yes □ No
Would you like help consolidating your other retirement accounts into you at phone # to review my options and as P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). *Rollovers are	ar account with Empower?*  Yes, I would like a representative to call me sist me with the process. The best time to call is to A.M./e subject to your Plan's provisions.
Governmental 457(b) Plan until such time as I revoke or amend	pay period of my compensation as Before Tax contributions to the iny election.  er pay period of my compensation as Roth contributions to the

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

Payroll Effective Date:

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT	OPTION

Governmental 457(b) Plan until such time as I revoke or amend my election.

## **INVESTMENT OPTION**

Day Year

**ADD NUPART** 

Mo

THE ESTATE OF THE I				TIVESTMENT OF TON			
<b>TICKER</b>	<b>CODE</b>	%	NAME	<b>TICKER</b>	CODE %		
N/A	S5862A		Fidelity Advisor(R) Growth Opps M	N/A	S2164A		
. N/A	S3695A		Fidelity Advisor(R) Growth & Income M	N/A	S2314A		
N/A	S2059A		Hartford Capital Appreciation III.S IA	N/A	S1986A		
N/A	S2243A	0	Hartford Stock HLS IA	N/A	S1855A		
N/A	S3593A		Invesco Diversified Dividend Investor	N/A	S5441A		
$N/\Lambda$	S3337A	n <del></del>	Invesco American Franchise A	N/A	S2263A		
N/A	S2973A		Janus Henderson Forty T	N/A	S3711A		
. N/A	S3306A		MFS Core Equity A	N/A	S6127A		
N/A	S3483A	-	MFS Massachusetts Inv Gr Stk A	N/A	S3538A		
. N/Λ	$S3577\Lambda$	4 4	Putnam Sustainable Leaders A	N/A	S4428A		
N/A	S1950A	E	T. Rowe Price Growth Stock Adv	N/A	S5611A		
N/A	S4118A		BlackRock S&P 500 Index V.I. I	N/A	S3234A		
N/A	S2282A		Hartford Dividend and Growth HLS IA	N/A	S1792A		
N/A	S5148A		Hartford Disciplined Equity HLS IA	N/A	S2911A		
	TICKER N/A	TICKER CODE N/A S5862A N/A S3695A N/A S2059A N/A S2243A N/A S3593A N/A S3337A N/A S2973A N/A S3306A N/A S3483A N/A S3577A N/A S1950A N/A S4118A N/A S2282A	TICKER CODE         %           N/A         \$5862A           N/A         \$3695A           N/A         \$2059A           N/A         \$2243A           N/A         \$3593A           N/A         \$3337A           N/A         \$2973A           N/A         \$3306A           N/A         \$3483A           N/A         \$3577A           N/A         \$1950A           N/A         \$4118A           N/A         \$2282A	TICKER CODE         %         NAME           N/A         S5862A         Fidelity Advisor(R) Growth Opps M.           N/A         S3695A         Fidelity Advisor(R) Growth & Income M.           N/A         S2059A         Hartford Capital Appreciation III.S IA.           N/A         S2243A         Hartford Stock HLS IA.           N/A         S3593A         Invesco Diversified Dividend Investor.           N/A         S3337A         Invesco American Franchise A.           N/A         S2973A         Janus Henderson Forty T.           N/A         S3306A         MFS Core Equity A.           N/A         S3483A         MFS Massachusetts Inv Gr Stk A.           N/A         S3577A         Putnam Sustainable Leaders A.           N/A         S1950A         T. Rowe Price Growth Stock Adv.           N/A         S4118A         BlackRock S&P 500 Index V.I. I.           N/A         S2282A         Hartford Dividend and Growth HLS IA.	TICKER CODE         %         NAME         TICKER           N/A         S5862A         Fidelity Advisor(R) Growth Opps M.         N/A           N/A         S3695A         Fidelity Advisor(R) Growth & Income M.         N/A           N/A         S2059A         Hartford Capital Appreciation III.S IA.         N/A           N/A         S2243A         Hartford Stock HLS IA.         N/A           N/A         S3593A         Invesco Diversified Dividend Investor.         N/A           N/A         S3337A         Invesco American Franchise A.         N/A           N/A         S2973A         Janus Henderson Forty T.         N/A           N/A         S3306A         MFS Core Equity A.         N/A           N/A         N/A         N/A         N/A           N/A         S3483A         MFS Massachusetts Inv Gr Stk A.         N/A           N/A         N/A         S3577A         Putnam Sustainable Leaders A.         N/A           N/A         S1950A         T. Rowe Price Growth Stock Adv.         N/A           N/A         S4118A         BlackRock S&P 500 Index V.I. I.         N/A           N/A         Hartford Dividend and Growth HLS IA.         N/A		

Last Name First Name		M.I.	Social Security Num	ber	Number	<u></u>		
INVESTMENT OPTION			INVESTMENT OPTION					
NAME	TICKEF	CODE	<u>%</u>	NAME		TICKE	R CODE	<u>%</u>
Franklin Small-Mid Cap	Growth AN/A	S2501A		Fidelity Ad	dvisor(R) Balanced M	N/A	S2188A	
Hartford MidCap HLS I	IA N/A	S2386A	9 <u></u>	Invesco Eq	juity and Income A	N/A	S4018A	74 <u></u>
Janus Henderson Enterp	rise T N/A	S3024A	8	Janus Henc	derson Balanced T	N/A	S2475A	F1
Invesco Main Street Mic	d Cap A N/A	S1592C	10:	Hartford B	alanced HLS IA	N/A	S2026A	
American Century Equit	ty Income Inv	S3636A		Calvert VP	SRI Balanced I	N/A	S2093A	
American Century Discr	olnd Cor Val Inv N/A	S2351A	10-	BNY Mello	on Core Plus Fund A	N/A	S3273A	
American Century Ultra	(R) InvN/A	S2130A	22	Hartford To	otal Return Bond HLS I	4 N/A	S1740A	
American Century Value	e Inv	S2361A	10 Ap	Hartford U	Utrashort Bond HLS IA	N/A	S1899A	75 Y
American Funds Growth	Fund of Amer R3 N/A	S3652A	81	Loomis Sa	yles Bond Admin	N/A	S5590A	19
Davis NY Venture A	Ν/Λ	S4157A	(i <del> </del>	MFS High	Income A	N/Λ	S3516A	-
DWS Core Equity S	N/A	S2299A	r <del></del>	Putnam Hi	gh Yield A	N/A	S2430A	
BNY Mellon Sust US E	quity A <b>N/A</b>	S3450A	10	General Ac	ccount	N/A	TGBJA4	
		39,000 2 94	40	MUST IN	NDICATE WHOLE	PERCENTAGES		= 100%

## Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary		
100.00%		
% of Account Balance	Social Security Number Primary Beneficiary Name	Date of Birth
( )	Relationship (Required - If Relationship is not provided, request will be rejected and sent	back for clarification.)
Phone Number (Optional)	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate	☐ A Trust ☐ Other
	☐ Domestic Partner	
Contingent Beneficiary		
100.00%		
% of Account Balance	Social Security Number Contingent Beneficiary Name	Date of Birth
( )	Relat <mark>ionship (R</mark> equired - If Relationship is not provided, request will be rejected and sent	back for clarification.)
Phone Number (Optional)	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate	□ ∧ Trust □ Other
	☐ Domestic Partner	
N.		

## **Participation Agreement**

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options -** I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

744963-01

				744072.01
Last Name	First Name	M.I.	Social Security Number	744963-01 Number
errors. Corrections will be lays, account information	understand that it is my obligation e made only for errors which I come i shall be deemed accurate and acce- occssed from the date of notification	municate within ! eptable to me. If I	90 calendar days of the last cal notify Service Provider of an	endar quarter. After this 90
Signature(s) and Cons	sent			
Participant Consent				
have completed, underst	and and agree to all pages of this P	articipant Enrollı	nent form.	
Deferral agreements must	be entered into prior to the first da	y of the month th	at the deferral will be made.	
Participant Signature		Su 50	Date	
1 handwritten signature	is required on this form. An electr	onic signature w	ill not be accepted and will re	sult in a significant delay.
Registered Representative	e Approval			
	an a		<del></del> -	
Registered Representati	<b>X</b>		Date	
A handwritten signature	is required on this form. An electr	onic signature w	ill not be accepted and will re	sult in a significant delay.
Print Full Name				
After all signatures ha	we been obtained, this form ca	ın be:		

Uploaded electronically to: OR Sent regular mail to: OR Sent express mail to:

Login to account at Empower Empower

empowermyretirement.com PO Box 56025 8515 E. Orchard Road Click on Upload Documents to submit Boston, MA 02205-6025 Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.