

## 744963-01

Last Name

First Name

M.I.

Social Security Number

## INVESTMENT OPTION

NAME	TICKER CODE	%
Franklin Small-Mid Cap Growth A.....	N/A S2501A	_____
Hartford MidCap HLS IA.....	N/A S2386A	_____
Janus Henderson Enterprise T.....	N/A S3024A	_____
Invesco Main Street Mid Cap A.....	N/A S1592C	_____
American Century Equity Income Inv.....	N/A S3636A	_____
American Century Discipld Cor Val Inv.....	N/A S2351A	_____
American Century Ultra(R) Inv.....	N/A S2130A	_____
American Century Value Inv.....	N/A S2361A	_____
American Funds Growth Fund of Amer R3.....	N/A S3652A	_____
Davis NY Venture A.....	N/A S4157A	_____
DWS Core Equity S.....	N/A S2299A	_____
BNY Mellon Sust US Equity A.....	N/A S3450A	_____

## INVESTMENT OPTION

NAME	TICKER CODE	%
Fidelity Advisor(R) Balanced M.....	N/A S2188A	_____
Invesco Equity and Income A.....	N/A S4018A	_____
Janus Henderson Balanced T.....	N/A S2475A	_____
Hartford Balanced HLS IA.....	N/A S2026A	_____
Calvert VP SRI Balanced I.....	N/A S2093A	_____
BNY Mellon Core Plus Fund A.....	N/A S3273A	_____
Hartford Total Return Bond HLS IA.....	N/A S1740A	_____
Hartford Ultrashort Bond HLS IA.....	N/A S1899A	_____
Loomis Sayles Bond Admin.....	N/A S5590A	_____
MFS High Income A.....	N/A S3516A	_____
Putnam High Yield A.....	N/A S2430A	_____
General Account.....	N/A TGBJA4	_____

MUST INDICATE 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
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

## Contingent Beneficiary

100.00%

% of Account Balance ( )	Social Security Number	Contingent Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

## 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.



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**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

### Participant Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

### Registered Representative Approval

### Registered Representative Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

### Print Full Name

After all signatures have been obtained, this form can be:

#### Uploaded electronically to:

Login to account at

**empowermyretirement.com**

Click on *Upload Documents* to submit

**OR**

#### Sent regular mail to:

Empower

PO Box 56025

Boston, MA 02205-6025

**OR**

#### Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

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

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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.