

# Enrollment Form 457(b) Governmental

MassMutual Retirement Services

PO Box 1583, Hartford, CT 06144-1583

Fax Number: 860-843-3577

Group No: 110147		Social Security No:	
Employer: City of Stamford		Dept/ Location:	
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:		State:	Zip:
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone:	Work Phone:	Date of Birth:	Date of Hire:

## A. CONTRIBUTIONS

Employee	\$ or % Amount	x	Frequency*	=	Annual Contribution	=	Total
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Current Annual Salary	\$						
	<input type="text"/>						

I am utilizing the plan's age 50+ catch-up provision

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

## 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

## 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 [retire.hartfordlife.com](http://retire.hartfordlife.com)

### SECTION 1

Selections must be in whole percentages totaling 100%.

- \_\_\_\_ % V5 AllianceBernstein International Value A
- \_\_\_\_ % 5X American Century Equity Income INV
- \_\_\_\_ % 5Y American Funds The Growth Fund of America R3
- \_\_\_\_ % KX Artisan International INV
- \_\_\_\_ % JJ BlackRock LifePath 2020 Inst
- \_\_\_\_ % JK BlackRock LifePath 2030 Inst
- \_\_\_\_ % JL BlackRock LifePath 2040 Inst
- \_\_\_\_ % JM BlackRock LifePath Retirement Inst
- \_\_\_\_ % DB Columbia Small Cap Value II A
- \_\_\_\_ % 9P Davis New York Venture A
- \_\_\_\_ % 9Q Eaton Vance Large-Cap Value A
- \_\_\_\_ % 2V Franklin Small-Mid Cap Growth A
- \_\_\_\_ % 10 General Account
- \_\_\_\_ % B6 Goldman Sachs Mid Cap Value A
- \_\_\_\_ % 1J Hartford Capital Appreciation HLS IA
- \_\_\_\_ % 1C Hartford Dividend and Growth HLS IA
- \_\_\_\_ % 9I Hartford Global Research HLS IA
- \_\_\_\_ % 4E Hartford Healthcare HLS IA
- \_\_\_\_ % 2Q Hartford MidCap HLS IA
- \_\_\_\_ % 1G Hartford Money Market HLS IA
- \_\_\_\_ % 1I Hartford Small Company HLS IA
- \_\_\_\_ % 1B Hartford Total Return Bond HLS IA
- \_\_\_\_ % DI Hartford U.S. Government Securities HLS IA
- \_\_\_\_ % PV Invesco American Franchise A
- \_\_\_\_ % JR Invesco Real Estate A
- \_\_\_\_ % SB Loomis Sayles Bond Admin
- \_\_\_\_ % 5R MFS High Income A
- \_\_\_\_ % BX MFS Research International R3
- \_\_\_\_ % 5U MFS Utilities A
- \_\_\_\_ % UG Oakmark Equity and Income II
- \_\_\_\_ % 4U Oppenheimer Global A
- \_\_\_\_ % RJ SSGA Russell Small Cap Index Sec Lend II
- \_\_\_\_ % VX SSGA S&P 500 Index
- \_\_\_\_ % RH SSGA S&P MidCap Index Non-Lend Series II

100%

All investment options may not be available in all jurisdictions.

Please consult your Plan Sponsor to determine which are available.