

**Contra Costa County**

Deferred Compensation Plan  
Document Receipt Acknowledgement and Disclosure Statement

Employee Name: \_\_\_\_\_  
(Please Print)

1. I understand that this is a voluntary supplemental retirement plan. The money put in the Deferred Plan will not be available to me until separation from service or in the case of an extreme financial emergency, as defined in the Plan.
2. I understand that an unforeseeable emergency as defined by Section 457 of the Internal Revenue Code (the "Code") means a severe financial hardship resulting from an illness or accident of the participant, the participant's spouse, or the participant's dependent (as defined in section 152(a) of the Code); loss of the participant's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowners insurance, e.g. as a result of a natural disaster); or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant.
3. I have received the appropriate disclosure documents, including the MassMutual applicable Fee Schedule and the most current investment option Performance Report.
4. I understand that MassMutual may enforce a provision wherein I cannot move assets between Fixed Income Investment Options unless I first transfer such assets into one of the Variable Separate Account Investment Options for a minimum of ninety (90) days.
5. I understand that investment transfer restrictions may be imposed by the Plan if, at the discretion of any investment manager or adviser of an underlying fund, it is deemed necessary to restrict transfers due to trading activity that is believed to have a detrimental impact upon the underlying mutual fund it manages and/or the other investors in such underlying mutual fund. Please contact your local MassMutual Representative if you should have any questions.
6. I understand that there shall be no deferral of compensation when the amount payable for a month's services less all other deductions, including advanced pay, is less than the amount specified to be deferred.

My signature on this statement indicates that I have received and understand the items listed above.

X

\_\_\_\_\_  
(employee signature)

\_\_\_\_\_  
(date)