Enrollment Form 457(b) Governmental

Mail Address:
MassMutual
500 Ygnacio Valley Road, Suite 370
Walnut Creek, CA 94596

Contra Costa County Benefits Department
651 Pine Street
5th Floor, Administration Building
Martinez, CA 94553

Group No: **60002**	Social Security No:
Employer: **Contra Costa County**	Dept/Employee No:

Employee Name: (*Last, First, M.I.)*

Mailing Address:

City:	State:	Zip:	Sex: ☐ M ☐ F

Home Phone:	Work Phone:	Date of Birth:	Date of Hire:

A. CONTRIBUTIONS

Employee $		*Frequency**		*Annual Contribution*		*Total*
	X		=		=	

Special Benefit Employee $		*Employer $*		*Total Contribution*		*Frequency*		*Annual Contribution*		*Total*
	+		=		X		=		=	

Current Annual Salary $ _____

☐ I am utilizing the plan's age 50+ catch-up provision *OR*
☐ I am utilizing the plan's pre-retirement catch-up provision.

My unused deferral limitation is $_____
My anticipated retirement date is _____/_____/_____

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

B. NOTIFICATION OF ACCEPTANCE

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 **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.

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 Firm Name/ Firm Tax ID

C. INVESTMENT ELECTION

I elect to have my future contributions invested as follows. 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.

Selections must be in whole percentages totalling 100%.

_____% RV Am Century Capital Preservation
_____% 5X American Century Equity Income
_____% 6A American Century Intnl Growth
_____% J9 American Century Small Cap Value
_____% 2P American Century Value
_____% N4 Am Funds Cap World Growth & Inc
_____% 7K American Funds EuroPacific Grwth
_____% 5Y American Funds Growth Fund
_____% LT Artisan Mid Cap
_____% J7 Baron Small Cap
_____% 9L Calvert Equity Port
_____% 9P Davis New York Venture
_____% 41 General Account
_____% 1J Hartford Capital Appreciation HLS
_____% 1C Hartford Dividend & Growth HLS
_____% 4E Hartford Healthcare HLS
_____% 1A Hartford Index HLS
_____% 2Q Hartford MidCap HLS
_____% 1G Hartford Money Market HLS
_____% 1I Hartford Small Company HLS
_____% S4 Highland Premier Growth Equity
_____% L6 Hotchkis Wiley Mid-Cap Value
_____% PV Inv American Fran
_____% JR Invesco Real Estate
_____% 8W Invesco Equity & Inc
_____% IB Ivy Science and Technology
_____% VT Keeley Small Cap Value
_____% SB Loomis Sayles Bond
_____% 9E MFS International New Discovery
_____% YI MFS International Value
_____% 5U MFS Utilities
_____% 4U Oppenheimer Global
_____% PP PIMCO Real Return
_____% BL PIMCO Total Return
_____% V6 SSgA Dow Jones Target 2015 SL
_____% V7 SSgA Dow Jones Target 2025 SL
_____% V8 SSgA Dow Jones Target 2035 SL
_____% V9 SSgA Dow Jones Target 2045 SL
_____% VA SSgA DJ Target Today SL
_____% RK SSgA International Index Sec LS
_____% RJ SSgA Small Cap Index S Lend
_____% RH SSgA MidCap Index NL Series
_____% S3 SSgA US Total Market Index SL
_____% SC T Rowe Price Growth Stock
100%

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