Enrollment Record-TDA

MassMutual Retirement Services
PO Box 1583, Hartford, CT 06144-1583
Fax Number: 860-843-3577

Group No: 070032	Social Security No:
Employer: Ketchikan Gateway Borough	Dept./Location:
Employee Name: (*Last, First, M.I.*)	
Mailing Address:	
City/ State/ Zip:	Date of Birth: / Sex: ☐ M ☐ F
Home Phone: / Work Phone: / Date of Hire: / Date of Eligibility:	

A. CONTRIBUTIONS

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

Current Annual Salary $

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

☐ I am utilizing the plan's age 50+ catch-up provision
☐ I am utilizing the "15 year rule" catch-up provision

The above information is for MassMutual's records only. This does not replace a Salary Deferral Agreement which may be required by your Employer.

B. Please check one box to indicate how you completed this Enrollment Form.

☐ **Self Enrollment** I understand and acknowledge that the investment elections indicated in the Investment Election section of this Enrollment Record are based on my own investment analysis and are not the result of any recommendation made to me by a Registered Representative.

☐ **Registered Representative Assisted Enrollment** If you checked this box, please respond to the following question.

Do you have any existing life policies or annuity accounts with any life insurance and/or annuity company?

☐ Yes - IF YES, a completed Appendix A form must be submitted. ☐ No

C. INVESTMENT ELECTION

I elect to have all future contributions invested among the investment options I have selected below. I understand that this Enrollment Record 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%

_____ %	2B	American Century VP Capital App.
_____ %	1N	Calvert VPSRI Bal Prt
_____ %	1X	Fidelity VIP Asset Manager
_____ %	1V	Fidelity VIP Contrafund
_____ %	1W	Fidelity VIP Growth
_____ %	1Y	Fidelity VIP Overseas
_____ %	40	General Account
_____ %	1L	Hartford Bal HLS
_____ %	1J	Hartford Capital Appreciation HLS
_____ %	1C	Hartford Dividend & Growth HLS
_____ %	1A	Hartford Index HLS
_____ %	1M	Hartford International Opps. HLS
_____ %	1G	Hartford Money Market HLS
_____ %	1E	Hartford Stock HLS
_____ %	1B	Hartford Total Return Bond HLS
_____ %	D1	Hartford US Government Securities HLS

100%

D. SIGNATURES I understand that all values provided by the contract, when based on investment experience of the 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 is acknowledged. 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

REGISTERED REPRESENTATIVE ACKNOWLEDGMENT

You must respond to the question below if the participant checked "Registered Representative Assisted Enrollment"

Do you, as registered representative, have reason to believe the participant has any existing life policies or annuity accounts with any life insurance and/or annuity company?

☐ Yes - IF YES, a completed Appendix A form must be submitted ☐ No

_____ _____ _____
Registered Representative Signature | Printed Name of Registered Representative | Registered Representative Tax ID/Producer Code

_____ _____
Selling Firm Name | Selling Firm Tax ID

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