



Enrollment Record Government 401(a)

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MassMutual, PO Box 1583, Hartford, CT 06144-1583

Fax No. 877-526-2531 or 800-678-8645

Group No.		SSN	
Employer		Location Name	
Employee Name <i>(Last, First, Middle Initial)</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		Date of Eligibility	

SECTION 2
Model My Goals Asset Allocation Model Program
 (Check Only One Model)
 You may choose to invest your entire plan account balance and future contributions according to one of the optional asset allocation model portfolios ("Models") made available and designed by your Plan Sponsor and indicated below. You can find a description of each Model and a listing of the funds in each asset class category of the Model in the **Model My Goals** section of your enrollment kit. Your Plan Sponsor has selected the funds for the asset class categories for each Model. Your Plan Sponsor may make changes to the funds in the Models from time to time. If you elect to invest your plan account balance according to one of the Models below, you are allocating 100% of your Plan participant account balance and all future contributions to the Model you choose. The Models are rebalanced quarterly.

*For your mailing address, provide either a street address or P.O. Box, not both. If you provide both, MassMutual will follow USPS Guidelines and use the PO Box as your mailing address.

A. INVESTMENT ELECTION

I elect to have my future contributions invested as follows. Complete section 1 or 2. You may select either from investment choices available under the Group Variable Annuity Funding Agreement under Talcott Resolution's Program in Section 1 or one Asset Allocation Model in Section 2. **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 massmutual.com/govnp.**

I select this portfolio for my account.

- Aggressive
- Moderately Aggressive
- Moderate
- Moderately Conservative
- Conservative

SECTION 1

Selections must be in whole percentages totaling 100%.

- _____ % 7A AB Sustainable Global Thematic ADV
- _____ % HO AllianzGI Global Water INST
- _____ % 5X Am Century Equity Income A
- _____ % 7K Am Funds Euro Pacific Growth R3
- _____ % 6K BNY Mellon Bond Market Index INV
- _____ % LQ BNY Mellon MidCap Index
- _____ % SX BNY Mellon S&P 500 Index
- _____ % LR BNY Mellon Small Cap Stock Index
- _____ % 9L Calvert Equity A
- _____ % 10 General Account
- _____ % B7 Goldman Sachs Small Cap Value A
- _____ % K8 Invesco Developing Markets A
- _____ % YI MFS International Value R3
- _____ % 7T MFS New Discovery R3
- _____ % D6 MM RetireSMART JPM 2025 R4
- _____ % EW MM RetireSMART JPM 2035 R4
- _____ % G4 MM RetireSMART JPM 2045 R4
- _____ % G8 MM RetireSMART JPM In Retirement R4
- _____ % A5 PIMCO Total Return ESG Admin
- _____ % CE Premier Invesco Advisers Inc Global R5
- _____ % 4Y Premier Invesco Advisers Inc Small Cap Ops R5
- _____ % GK Premier Barings High Yield R5
- _____ % VE Select T. Rowe Price/Frontier MC Gr R5
- _____ % VD Select T.Rowe Prc/Lms Sayles Blue Chip Gr R5
- _____ % U3 Select Wellington/T.Rowe Price Equity Oppt R5
- _____ % LE Select Western Strategic Bond R5
- _____ % Y2 Templeton Global Bond A
- _____ % X7 Victory Sycamore Established Value A

100 %

B. SIGNATURES

I understand that all values provided by the group contract, when based on investment experience of the investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount.

I acknowledge that I have read and understand the Fraud Warning Statement applicable to my state. **New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signed in the State of _____ on Date _____

Participant Signature

This document has been received and accepted by the Plan Administrator.

Plan Sponsor Signature

Date

Printed Name of Registered Representative

Registered Representative Signature

Registered Representative
Tax ID/Producer Code

Firm Name/Firm ID