

# Dollar Cost Averaging (DCA) Program Enrollment

Use this form if you want to

- initiate or change a Dollar Cost Averaging (DCA) Program

Note: you may not enroll in a Dollar Cost Averaging Program if you are enrolled in the Model My Goals Asset Allocation Program made available by your Plan Sponsor.

Instructions:

- Fax or mail the completed *Dollar Cost Averaging (DCA) Program Enrollment* to MassMutual Retirement Services ("MassMutual").
- Keep a copy for your records.

MassMutual will not process this form until it is received in good order. Please see the *Important Information* Section for information on "Good Order" requirements.

## Questions?

Call  
MassMutual's Customer  
Service Center  
1-800-528-9009

Fax  
877-526-2531 or 800-678-8645

Online  
[www.massmutual.com/govnp](http://www.massmutual.com/govnp)

## Section A - Plan and Participant Information

Plan ID		Plan Name	
SSN	Participant Name		Date of Birth
*Legal Address			
City	State	Zip Code	Daytime Phone Number

\*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or your Plan Administrator as described under "State Address" in the *Important Information* Section.

## Section B - Program Selections

Select one:  New Program  Change an existing Program

1. You must have a minimum of \$5000 in the General Account, Hartford Ultrashort Bond HLS, or Stable Value Fund at the start of the program.

At each interval transfer \$ \_\_\_\_\_ from (Select one)  General Account  Hartford Ultrashort Bond HLS  Stable Value Fund

Note: Transfers will continue to be made as long as there is a sufficient balance. Transfers will be made pro-rata from **all** contribution sources.

2. Frequency of Transfers: (Select one)  Semi-monthly  Monthly  Quarterly

## Section C - Transfer to Target Investment Options

Please specify target investment options (5 maximum with a minimum transfer of \$100 per target investment option in whole dollars). To determine the investment options available to you, please consult your plan sponsor, your enrollment materials, visit our website, call toll free at 1-800-528-9009 or contact your local Representative.

Investment Option	Amount
Total \$	

You should carefully consider the investment objectives, risks, charges, fees and expenses associated with your target investment options before investing. This and other information can be found in the prospectus or disclosure documents (whichever is applicable). To obtain the applicable product prospectus or disclosure documents and the underlying funds prospectuses, call 1-800-528-9009. Please read them carefully before you invest or send money.

## Section D - Participant Authorization

My signature indicates that I have authorized the program selected above. The program may be terminated at any time by me or MassMutual by providing written or verbal notice to the other party. Such termination will become effective prior to the next scheduled DCA transfer after MassMutual's Home Office receives written or verbal notice. If the actual cash value in the source investment choice becomes less than the scheduled transfer amount on the actual transfer date, this agreement will automatically terminate. In the event that another transfer request or withdrawal request is received on the actual DCA transfer date, I understand that MassMutual may delay processing this scheduled DCA transfer.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Completed and signed forms in "good order" may be Faxed to 877-526-2531 or 800-678-8645; or mailed to:**

Regular Mail Address:  
MassMutual Retirement Services  
P.O. Box 1583  
Hartford, CT 06144-1583

Overnight Mail Address:  
MassMutual Retirement Services  
1 Griffin Road North  
Windsor, CT 06095-1512

## Section E - Important Information

**Good Order** - "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction (if required) and the Plan Sponsor has provided their signature authorizing MassMutual to process the transaction requested on the form.

**Stale Address** - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at [www.massmutual.com/govnp](http://www.massmutual.com/govnp) and select the change address link under your personal settings.

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.