



MassMutual Retirement Services Enrollment Record

Mail Address: MassMutual Retirement Services, PO Box 1583, Hartford, CT 06144-1583

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

EMPLOYEE INFORMATION

Group No: 750254	Social Security No:	Employer: Thomasville City Schools	Dept./Location:	
Employee Name: (Last, First, M.I.)			Phone Number:	
Mailing Address:		City:	State:	Zip:
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Hire:	Date of Eligibility:	

CONTRIBUTION ELECTIONS

Please refer to the Plan or contact your Plan Sponsor for information about the deferral options under the Plan.

- Elective Deferrals - I will be contributing ____% or \$____ of my compensation, each payroll period on a before-tax basis.
- I will be contributing ____% or \$____ of my compensation each payroll period as designated Roth contributions. I understand that once an amount is contributed, its designation as a Roth contribution may not be changed.

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

- I am utilizing the age 50+ catch-up provision.
- I am utilizing the "15 year rule" catch-up provision. Please complete a 15 Year Rule Notification form.

INVESTMENT ELECTION

I elect to have my **future** contributions invested as follows. I understand that this 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/serve.

SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%.

- | | |
|---|---|
| ____% 5Y American Funds The Growth Fund of America R3 | ____% B6 Goldman Sachs Mid Cap Value A |
| ____% J7 Baron Small Cap | ____% 8U Invesco Comstock A |
| ____% JJ BlackRock LifePath 2020 Inst | ____% 8W Invesco Equity and Income A |
| ____% JK BlackRock LifePath 2030 Inst | ____% 4I MFS Government Securities R3 |
| ____% JL BlackRock LifePath 2040 Inst | ____% YI MFS International Value R3 |
| ____% T6 BlackRock LifePath 2050 Inst | ____% PP PIMCO Real Return A |
| ____% JM BlackRock LifePath Retirement Inst | ____% 4Y Premier Oppenheimer Funds Inc Sml Cap Ops R4 |
| ____% LQ Dreyfus Midcap Index | ____% LE Select Western Strategic Bond R4 |
| ____% 10 General Account | ____% VX SSgA S&P 500 Index N |
| ____% 8E Goldman Sachs Government Income A | ____% AY Victory Munder Mid-Cap Core Growth A |

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 state-specific Fraud Warning Statement, or the NAIC Model Fraud Statement, as applicable. **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 Signature

Printed Name of Registered Representative

Registered Representative Tax ID/Producer Code

Selling Firm Name

Selling Firm Tax ID

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.



Beneficiary Designation/ Name & Address Change

Mail Address: MassMutual Retirement Services, PO Box 1583, Hartford, CT 06144-1583

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

Group Number: 750254	Social Security Number:	Employer: Thomasville City Schools
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Employee Name: *Last, First, M.I.*
 Name Change? Please provide documentation

Mailing Address:
 New?
 City: _____ State: _____ Zip: _____

Daytime Phone: _____

BENEFICIARY INFORMATION

Please complete the Beneficiary Designation including name, address, phone number, Social Security Number, date of birth, relationship and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

- One Beneficiary
- Two or more Primary Beneficiaries,
equally among the survivors
- Two or more Primary Beneficiaries,
with their share to their children
- Primary and Contingent Beneficiaries

Examples of Designations:

- Jane Doe, wife, 100%
- John Doe, son, 33%
- Carol Smith, daughter, 33%
- Mark Doe, son 34%
or equally among the survivors
- John Doe, son, 33%
- Carol Smith, daughter, 33%
- Mark Doe, son 34%
per stirpes
- Primary: Jane Doe, wife, 100% if living;
Contingent: John Doe, son, 33%
- Carol Smith, daughter, 33%
- Mark Doe, son 34%
equally among the survivors
per stirpes
- Participant's Estate
- Jane Doe, trustee under trust
agreement* dated...

**either
or**

- Participant's Estate
- Trustee

* Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.

Primary Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%

Contingent Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%

PRIMARY TOTAL: 100%

CONTINGENT TOTAL: 100%

The execution and the delivery of this form to the offices of MassMutual revokes all prior beneficiary designations that I have made. I understand that this beneficiary designation will not take effect until it has been received in good order by MassMutual.

Employee Signature	Date	TPA's Signature, if applicable	Date
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Keep a copy for your records.

Mail this Beneficiary Designation to MassMutual at the address above.

benedest.pdf

HVL-389-9 Rev. 2.15

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