



Massachusetts Deferred Compensation
SMART Plan

QUICK ENROLLMENT FORM
GOVERNMENTAL 457(b) PLAN
98966-01

Upon completion, the following
SMART Plan Quick Enrollment Form

can be either faxed to
1-781-890-2919, or mailed to:
Empower/SMART Plan
255 Bear Hill Road
Waltham, MA 02451

Questions? Email SMART@Empower.com
or call
1-877-457-1900

PLEASE NOTE: DO NOT SEND THE
SMART PLAN QUICK ENROLLMENT FORM
TO THE MASSACHUSETTS RETIREMENT BOARD.
THANK YOU

PARTICIPANT FAX TO: 1-781-890-2919 (or) MAIL TO: Empower™, 255 Bear Hill Road, Waltham, MA 02451

This Page Intentionally Left Blank



Massachusetts Deferred Compensation SMART Plan

**QUICK ENROLLMENT FORM
GOVERNMENTAL 457(b) PLAN
98966-01**

PARTICIPANT INFORMATION PLEASE SELECT ONE OPTION

- ☐ 1) **YES**, I would like to contribute 3% of my salary on a pre-tax basis with annual increases of 1% to a maximum of 6% to the Massachusetts Deferred Compensation SMART Plan to enhance my retirement benefit.*
- ☐ 2) **YES**, I would like to contribute _____ % of my salary on a pre-tax basis to the Massachusetts Deferred Compensation SMART Plan to enhance my retirement benefit.*
- ☐ 3) **NO**, I do not wish to enhance my retirement benefit by contributing any portion of my salary to the Massachusetts Deferred Compensation SMART Plan at this time. I understand there is a ten-year creditable service vesting period for members of the separate State Retirement System and I am not contributing to Social Security as a state employee.

*If you elect to enhance your retirement benefit you will be defaulted into a SMART Plan custom target date fund based on your current age and an assumed retirement age of 65. (See the chart at the end of this form.) Additional information about the SMART Plan and options available to you can be found at www.mass-smart.com.

Last Name			First Name			MI			Social Security Number					
Address - Number & Street									Email Address					
City			State			Zip Code			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried			<input type="checkbox"/> Male <input type="checkbox"/> Female		
									Mo Day Year			Mo Day Year		
Home Phone			Work Phone			Date of Birth			Date of Hire					
Town of Medway									P/D 2936					
Payroll Center Name & Number									Division Name & Number					

Do you have a retirement account with a previous employer or an IRA? ☐ Yes ☐ No

Would you like help consolidating your other retirement accounts into your SMART Plan account? ☐ Yes, I would like a representative to call me at phone# _____ to review my options and assist me with the process. The best time to call is __ to __ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. EST). *Rollovers are subject to your Plan's provisions.

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund, I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. The Plan has selected a TARGET DATE portfolio of funds as its default investment fund. Until such time as you choose investment options for your Plan account, your contributions will be invested in the fund within this portfolio that most closely corresponds to certain factors in your profile. For more information, please contact your GWRS Representative. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at www.mass-smart.com or by calling the Voice Response System at 1-877-457-1900¹. A personal identification number (PIN) that gives you access to your account via the Web or phone will be mailed to you soon after your application is processed. You are responsible for keeping the assigned PIN confidential. Please contact us if you suspect unauthorized use.

My Account: I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days from the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of the notification forward and not on a retroactive basis.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

X

Participant Signature

Date

Continued on reverse

PARTICIPANT FAX TO: 1-781-890-2919 (or) MAIL TO: Empower™, 255 Bear Hill Road, Waltham, MA 02451

ALL QUICK 01/08/16

98966-01

JTYUMANUAU(SR 1818741)

Page 1 of 2

Last Name _____ First Name _____ M.I. _____ Social Security Number _____ 98996-01
 Number

Date of Birth	SMARTPath Retirement Funds	Expected Retirement Date Range
1998 or after	SMARTPath 2065 Retirement Fund	2063 or after
1993-1997	SMARTPath 2060 Retirement Fund	2058-2062
1988-1992	SMARTPath 2055 Retirement Fund	2053-2057
1983-1987	SMARTPath 2050 Retirement Fund	2048-2052
1978-1982	SMARTPath 2045 Retirement Fund	2043-2047
1973-1977	SMARTPath 2040 Retirement Fund	2038-2042
1968-1972	SMARTPath 2035 Retirement Fund	2033-2037
1963-1967	SMARTPath 2030 Retirement Fund	2028-2032
1958-1962	SMARTPath 2025 Retirement Fund	2023-2027
1953-1957	SMARTPath 2020 Retirement Fund	2018-2022
1948-1952	SMARTPath 2015 Retirement Fund	2013-2017
1943-1947	SMARTPath 2010 Retirement Fund	2008-2012
1942 or before	SMARTPath Retirement Allocation Fund	2007 or before

Please note that if a date of birth is not included on this form, or otherwise on file when your account is created, the date of birth assigned to your SMART Plan account will be the date of account creation, which will result in your allocations being set to the SMARTPath 2065 Retirement Fund. You may change your investment allocations by calling 877-457-1900 or accessing your account online through www.mass-smart.com¹.

¹Access to KeyTalk and/or any website may be limited or unavailable during periods of peak demand, market volatility, system upgrades/maintenance or other reasons. Transfer requests made via the website and/or KeyTalk received on business days prior to close of the New York Stock Exchange (4:00 p.m. Eastern Time or earlier on some holidays or other special circumstances) will be initiated at the close of business the same day the request was received. The actual effective date of your transaction may vary depending on the investment option selected.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower™ refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

PARTICIPANT FAX TO: 1-781-890-2919 (or) MAIL TO: Empower™, 255 Bear Hill Road, Waltham, MA 02451