

Enrollment Record- Part-time 457 Deferred Compensation

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

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

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

SECTION I. Group Number: 753171 Employer: City of Holyoke

SECTION II. Social Security Number: _____ Date of Birth: _____ Sex (M or F): _____

Employee Name: *Last, First, M.I.*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

SECTION III.

Deferral Frequency

Deferral %

Allocation

SECTION IV. BENEFICIARY DESIGNATION

I designate the following person(s) as my beneficiary(ies) under the Plan . Please see page 2 for examples.

Primary Beneficiary(ies)	Relationship	%
Contingent Beneficiary(ies)	Relationship	%

SECTION V. NOTIFICATION OF ACCEPTANCE

I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan. I understand that 100% of my deferrals will be deposited in the General Account.

Signed in the State of _____ on _____ Date

Participant Signature _____

Authorized Plan Sponsor Signature _____ Date _____

Registered Representative Signature _____

Printed Name of Registered Representative _____

Registered Representative Tax ID/ProducerCode

Beneficiary Designation

Please complete the Beneficiary Designation **including** name, Social Security number, relationship, and percentage of death benefit (totaling 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

Jane Doe, wife, 100%

Two or more Primary Beneficiaries,
equally among the survivors

John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
or equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
per stirpes

Primary and Contingent Beneficiaries

Jane Doe, wife, 100% if living;
otherwise children
equally among the survivors
per stirpes

***either
or***

Participant's Estate

Participant's Estate

Trustee

Jane Doe, trustee under trust
agreement* dated...

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

Full Disclosure Statement

Arkansas

"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."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"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."

Maine

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

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."

New Mexico

"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 civil fines and criminal penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Oregon

"Any person who knowingly, and with INTENT TO DEFRAUD or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000."

Tennessee

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."