

Enrollment Form 457(b) Governmental

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

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

Group No. 109230 SSN _____

Employer: City of Westfield Dept/ Location: _____

Employee Name: (Last, First, M.I.) _____

*Mailing Address: _____

City: _____ State: _____ Zip: _____ Sex: M F

Home Phone: _____ Work Phone: _____ Date of Birth: _____ Date of Hire: _____

*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. CONTRIBUTIONS

Employee	\$ or % Amount	Frequency*	Annual Contribution	Total
	<input type="text"/>	X <input type="text"/>	= <input type="text"/>	<input type="text"/>
* Roth After Tax	<input type="text"/>	X <input type="text"/>	= <input type="text"/>	
Current Annual Salary	\$ <input type="text"/>			

I am utilizing the plan's age 50+ catch-up provision

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	

*I understand that once an amount is contributed, its designation as a Roth contribution may not be changed.

B. SIGNATURES

I understand that all values provided by the contract, when based on investment experience of the above 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 or disclosure document, whichever is applicable, is acknowledged. Further I wish to participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual contribution noted above. 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 acknowledge that I have read and understand the Fraud Warning Statement, as applicable to my state, located on the last page of this form.

Signed in the state of _____ on _____ Date

Participant Signature

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

Plan Administrator Signature _____ Date _____

TO BE COMPLETED BY THE REGISTERED REPRESENTATIVE (For Home Office Administration Purposes Only)	
Printed Name of Registered Representative	Registered Representative Signature
Registered Representative Tax ID/Producer Code	
Selling Firm Name	Selling Firm Tax ID

C. INVESTMENT ELECTION

I elect to have all future contributions invested among the investment options I have selected below. 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/serve.

SECTION 1

Selections must be in whole percentages totaling 100%.

- _____ % UN American Beacon Small Cap Value Adv
- _____ % 2P American Century Value INV
- _____ % N4 American Funds Cap World Growth and Income R3
- _____ % 5Y American Funds The Growth Fund of America R3
- _____ % 2H AMG Managers Skyline Special Equities N
- _____ % UJ Artisan Mid Cap Value INV
- _____ % J7 Baron Small Cap
- _____ % LP Dreyfus International Stock Index
- _____ % 2V Franklin Small-Mid Cap Growth A
- _____ % 40 General Account
- _____ % UM Goldman Sachs High Yield A
- _____ % B6 Goldman Sachs Mid Cap Value A
- _____ % 1L Hartford Balanced HLS IA
- _____ % 1J Hartford Capital Appreciation HLS IA
- _____ % 1C Hartford Dividend and Growth HLS IA
- _____ % UD Hartford Growth Opportunities HLS IA
- _____ % 4E Hartford Healthcare HLS IA
- _____ % 1M Hartford International Opportunities HLS IA
- _____ % 2Q Hartford MidCap HLS IA
- _____ % 1I Hartford Small Company HLS IA
- _____ % 1E Hartford Stock HLS IA
- _____ % 1B Hartford Total Return Bond HLS IA
- _____ % PV Invesco American Franchise A
- _____ % 8U Invesco Comstock A
- _____ % 8W Invesco Equity and Income A
- _____ % 9K Invesco Small Cap Growth INV
- _____ % 6B Janus Henderson Forty T
- _____ % KJ JPMorgan SmartRetirement 2020 R3
- _____ % IT JPMorgan SmartRetirement 2025 R3
- _____ % IU JPMorgan SmartRetirement 2030 R3
- _____ % IV JPMorgan SmartRetirement 2035 R3
- _____ % IW JPMorgan SmartRetirement 2040 R3
- _____ % IX JPMorgan SmartRetirement 2045 R3
- _____ % IY JPMorgan SmartRetirement 2050 R3
- _____ % E2 JPMorgan SmartRetirement 2055 R3
- _____ % IK JPMorgan SmartRetirement 2060 R3
- _____ % IZ JPMorgan SmartRetirement Income R3
- _____ % 8M Lord Abbett Small Cap Value P
- _____ % 4I MFS Government Securities R3
- _____ % 9E MFS International New Discovery A
- _____ % 5U MFS Utilities A
- _____ % V4 Neuberger Berman Sustainable Equity Trust
- _____ % UG Oakmark Equity and Income Service
- _____ % 4U Oppenheimer Global A
- _____ % BF Oppenheimer International Growth A
- _____ % PP PIMCO Real Return Admin
- _____ % 2T Putnam High Yield A
- _____ % RJ State Street Russell Sml Cp Index Sec Lend II
- _____ % RG State Street S&P 500 Index Sec Lend II
- _____ % RH State Street S&P MC Index Non-Lend Series II
- _____ % A6 TIAA-CREF Bond Index R
- _____ % AY Victory Munder Mid-Cap Core Growth A
- _____ % GX Western Asset Core Bond FI

All investment options may not be available in all jurisdictions. Please consult your Plan Sponsor to determine which are available.

Fraud Warning Statements

The following states require insurance applicants to acknowledge a fraud warning statement specific to that state. Please refer to the specific fraud warning statement for your state as indicated below. If your state is not separately listed, please refer to the NAIC Model Fraud Statement below.

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

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas and West Virginia - 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 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.

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.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey - Any person who knowingly includes any false or misleading information on an application for an insurance policy, or files a statement of claim containing any false or misleading information, is subject to criminal and civil penalties.

New Mexico 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.

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

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.

Virginia and Washington - 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.

Beneficiary Designation/ Name & Address Change - 457(b) and 401(a)

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

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

Group No.	SSN	Employer
Employee Name: Last, First, M.I.	<input type="checkbox"/> Name Change? Please provide documentation	
*Mailing Address <input type="checkbox"/> New?	Daytime Phone No	
City	State	Zip

*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.

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.

Primary Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%
PRIMARY TOTAL:				100%

Contingent Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%
CONTINGENT TOTAL:				100%

Please see the following page for examples of proper beneficiary designations.

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.

***Mail this Beneficiary Designation to MassMutual at the address above. Keep a copy for your records.
Please provide a copy of this Beneficiary Designation to your Employer.***

Employee Signature

Date

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Beneficiary Designation

A. A married woman should be indicated by her given name, not that of her husband.
For example, Mary N. Jones, not Mrs. John R. Jones.

B. 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%.

Listed below are some common beneficiary designations:

One Primary Beneficiary: Jane Doe, wife, 100%

Two or more Primary Beneficiaries:

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son, 34%

or

John Doe, son,

Carol Smith, daughter,

Mark Doe, son

equally among the survivors

or

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

(designates their share to their children)

Contingent Beneficiaries:

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or

John Doe, son

Carol Smith, daughter,

Mark Doe, son

equally among the survivors

or

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

(designates their share to their children)

Sample wording for use in completing this form:

To Designate

Use This Wording

1. Your estate

Executors or Administrators of my estate

2. The trustee of the Trust
established under your Will

(Name of trustee) as trustee, or the then acting trustee, of the
Trust established under (your name) Will dated (date of Will)

3. The trustee of your Revocable
or Irrevocable Trust

(Name of trustee) as trustee, or the then acting trustee, of the
(name of Trust) established on (date of Trust)

Trust as Beneficiary:

Before designating a trust as the beneficiary of your plan benefit, you should consult an attorney with expertise in trusts and estates law. Some of the factors to consider include:

1. Who is going to be the beneficiary - your spouse, a minor child - and what are their financial needs?
2. Are the protections of a trust desirable?
3. What are the income tax consequences of designating a trust as beneficiary?

The following requirements must be satisfied before your trust beneficiaries will be treated as your retirement plan's designated beneficiary:

1. The trust must be valid under state law.
2. The trust must be irrevocable or must, by its terms, become irrevocable on your death.
3. The trust's beneficiaries must be identifiable from the trust instrument.
4. You must provide trust documentation to the retirement plan administrator.
5. All trust beneficiaries must be individuals.