

Participant Enrollment Governmental 457(b) Plan

Charles County Maryland Deferred Compensation Plan

745018-01

Participant Information Talcott Resolution Life Insurance Company is the Issuing Company

Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		
Mailing Address		
City	State	Zip Code
() Home Phone	() Work Phone	
() Mobile Phone		

Check box if you prefer to receive quarterly account statements in Spanish.

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

Would you like help consolidating your other retirement accounts into your account with Empower?* 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 a.m. to 10 p.m. Eastern time). *Rollovers are subject to your Plan's provisions.

Payroll Information

- I elect to contribute \$ _____ (up to \$23,500.00) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ (up to \$23,500.00) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

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 will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION

NAME	TICKER	CODE	%
T. Rowe Price Retirement 2060 SA.....	N/A	S3176A	_____
T. Rowe Price Retirement 2055 SA.....	N/A	S3164A	_____
T. Rowe Price Retirement 2050 SA.....	N/A	S3150A	_____
T. Rowe Price Retirement 2045 SA.....	N/A	S3137A	_____
T. Rowe Price Retirement 2040 SA.....	N/A	S3123A	_____
T. Rowe Price Retirement 2035 SA.....	N/A	S3110A	_____
T. Rowe Price Retirement 2030 SA.....	N/A	S3096A	_____
T. Rowe Price Retirement 2025 SA.....	N/A	S3083A	_____
T. Rowe Price Retirement 2020 SA.....	N/A	S3070A	_____
T. Rowe Price Retirement 2015 SA.....	N/A	S2579C	_____

INVESTMENT OPTION

NAME	TICKER	CODE	%
Baron Small Cap Retail.....	N/A	S2283C	_____
State St Russell Sm Cap(R) Indx SL CI I.....	N/A	S5540A	_____
Artisan Mid Cap Value Investor.....	N/A	S5780A	_____
Hartford MidCap HLS IA.....	N/A	S2386A	_____
MassMutual Mid Cap Growth Adm.....	N/A	S5399B	_____
State St S&P MidCap(R) Indx NL CI A.....	N/A	S5524A	_____
American Century Equity Income Inv.....	N/A	S3615A	_____
American Century Ultra(R) Inv.....	N/A	S2117A	_____
Hartford Dividend and Growth HLS IA.....	N/A	S1792A	_____
Hartford Disciplined Equity HLS IA.....	N/A	S2911A	_____

Last Name	First Name	M.I.	Social Security Number	Number	
INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
T. Rowe Price Retirement Balanced SA.....	N/A	S3191A	MassMutual Blue Chip Growth R5.....	N/A	S7384B
Hartford International Opp HLS IA.....	N/A	S2059A	MassMutual Equity Opports Adm.....	N/A	S0453B
MFS International New Discovery A.....	N/A	S1081C	State St S&P 500(R) Indx SL CI I.....	N/A	S5510A
Invesco Developing Markets A.....	N/A	S4884A	Hartford Total Return Bond HLS IA.....	N/A	S1740A
Hartford Healthcare HLS IA.....	N/A	S3306A	MassMutual High Yield Adm.....	N/A	S4857B
Invesco Real Estate A.....	N/A	S4841A	PIMCO Real Return Admin.....	N/A	S0739B
MFS Utilities A.....	N/A	S3556A	General Account.....	N/A	TGQJA3
American Century Small Cap Value Inv.....	N/A	S4715B			= 100%
MUST INDICATE WHOLE PERCENTAGES					

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
()		Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other			
<input type="checkbox"/> Domestic Partner			

Contingent Beneficiary

100.00%

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
()		Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other			
<input type="checkbox"/> Domestic Partner			

Last Name

First Name

M.I.

Social Security Number

745018-01

Number

Account Corrections - 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 of 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 notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

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

Important Notice: If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator Approval

Date

Authorized Plan Administrator Signature

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at
empowermyretirement.com

Click on *Upload Documents* to submit

OR Sent regular mail to:

Empower
PO Box 56025
Boston, MA 02205-6025

OR Sent express mail to:

Empower
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.