

## 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  
(The name provided MUST match the name on file with Service Provider.)

\_\_\_\_\_  
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			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
T. Rowe Price Retirement 2060 SA.....	N/A S3176A	_____	Baron Small Cap Retail.....	N/A S2283C	_____
T. Rowe Price Retirement 2055 SA.....	N/A S3164A	_____	State St Russell Sm Cap(R) Indx SL Cl I.....	N/A S5540A	_____
T. Rowe Price Retirement 2050 SA.....	N/A S3150A	_____	Artisan Mid Cap Value Investor.....	N/A S5780A	_____
T. Rowe Price Retirement 2045 SA.....	N/A S3137A	_____	Hartford MidCap HLS IA.....	N/A S2386A	_____
T. Rowe Price Retirement 2040 SA.....	N/A S3123A	_____	MassMutual Mid Cap Growth Adm.....	N/A S5399B	_____
T. Rowe Price Retirement 2035 SA.....	N/A S3110A	_____	State St S&P MidCap(R) Indx NL Cl A.....	N/A S5524A	_____
T. Rowe Price Retirement 2030 SA.....	N/A S3096A	_____	American Century Equity Income Inv.....	N/A S3615A	_____
T. Rowe Price Retirement 2025 SA.....	N/A S3083A	_____	American Century Ultra(R) Inv.....	N/A S2117A	_____
T. Rowe Price Retirement 2020 SA.....	N/A S3070A	_____	Hartford Dividend and Growth HLS IA.....	N/A S1792A	_____
T. Rowe Price Retirement 2015 SA.....	N/A S2579C	_____	Hartford Disciplined Equity HLS IA.....	N/A S2911A	_____

INVESTMENT OPTION	INVESTMENT OPTION
NAME	NAME
TICKER CODE	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 Cl 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	
	<b>MUST INDICATE WHOLE PERCENTAGES = 100%</b>

### 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 (            ) Phone Number (Optional)	Social Security Number	Primary Beneficiary Name Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) <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	Date of Birth
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#### Contingent Beneficiary

**100.00%**

% of Account Balance (            ) Phone Number (Optional)	Social Security Number	Contingent Beneficiary Name Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) <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	Date of Birth
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## Spousal Consent for Beneficiary Designation

I, (name of spouse) \_\_\_\_\_, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

***The spouse's signature must be notarized by a Notary Public. The date of the spouse's signature on this form must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.***

**ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.**

**We require that the following information must be included on the separate jurat or notarial certificate:** (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary \_\_\_\_\_

**NOTE: Notary seal must be visible.**

The consent to this request was subscribed and sworn (or affirmed) to

State of \_\_\_\_\_) before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_,

**SEAL**

)ss. by (name of spouse) \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person

County/Parish/Borough of \_\_\_\_\_) who appeared before me, who affirmed that such consent represents

\_\_\_\_\_ his or her free and voluntary act.

Notary Public's signature \_\_\_\_\_ My commission expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Notary Public's full name \_\_\_\_\_ Telephone number \_\_\_\_\_

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**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.

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## 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.

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### 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

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### Authorized Plan Administrator Signature

### Date

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

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### 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.