



Enrollment Form 457(b) Governmental

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

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

Group No: 150463		Social Security No:	
Employer: City of Pittsburg		Dept/ Location:	
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:	State:	Zip:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone:	Work Phone:	Date of Birth:	Date of Hire:

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%.

- % N8 Alger Capital Appreciation Institutional I
- % N4 American Funds Cap World Growth and Income R4
- % 5Y American Funds The Growth Fund of America R4
- % N3 American High-Income Trust R4
- % DB Columbia Small Cap Value II Z
- % WL Dodge & Cox International Stock
- % 42 General Account
- % 1J Hartford Capital Appreciation HLS IA
- % 4E Hartford Healthcare HLS IA
- % 2Q Hartford MidCap HLS IA
- % 1I Hartford Small Company HLS IA
- % 1G Hartford Ultrashort Bond HLS IA
- % K1 JPMorgan SmartRetirement 2020 A
- % IT JPMorgan SmartRetirement 2025 A
- % IU JPMorgan SmartRetirement 2030 A
- % IV JPMorgan SmartRetirement 2035 A
- % IW JPMorgan SmartRetirement 2040 A
- % IX JPMorgan SmartRetirement 2045 A
- % IY JPMorgan SmartRetirement 2050 A
- % E2 JPMorgan SmartRetirement 2055 A
- % IZ JPMorgan SmartRetirement Income A
- % ZM Metropolitan West Total Return Bond M
- % 5U MFS Utilities A
- % V4 Neuberger Berman Socially Responsive Trust
- % BN Putnam Equity Income A
- % RK SSGA International Index Sec Lend Series T
- % RJ SSGA Russell Small Cap Index Sec Lend P
- % RG SSGA S&P 500 Index Sec Lend P
- % RH SSGA S&P MidCap Index Non-Lend Series P
- % SD SSGA US Bond Market Index Sec Lend A
- % X7 Victory Sycamore Established Value A

100%

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

A. CONTRIBUTIONS

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

I am utilizing the plan's age 50+ catch-up provision
 I am utilizing the plan's pre-retirement catch-up provision.
 My unused deferral limitation is \$ _____
 My anticipated retirement date is ___/___/___

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

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 premium 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 Full Disclosure 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

Printed Name of Registered Representative _____ Registered Representative Signature

Registered Representative Tax ID/Producer Code _____

Selling Firm Name _____ Selling Firm Tax ID

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.