



Massachusetts Deferred Compensation
SMART Plan

**QUICK ENROLLMENT FORM
GOVERNMENTAL 457(b) PLAN
98966-01**

**Upon completion, the following
SMART Plan Quick Enrollment Form**

**can be either faxed to
1-781-890-2919, or mailed to:**

**Empower
255 Bear Hill Road
Waltham, MA 02451**

Questions? Email SMART@Empower.com

or call

1-877-457-1900 (option 0)

**PLEASE NOTE: DO NOT SEND THE
SMART PLAN QUICK ENROLLMENT FORM
TO THE MASSACHUSETTS RETIREMENT BOARD.**

THANK YOU

PARTICIPANT FAX TO: 1-781-890-2919 (or) MAIL TO: SMART Plan/Empower, 255 Bear Hill Road, Waltham, MA 02451

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Massachusetts Deferred Compensation SMART Plan

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PARTICIPANT INFORMATION PLEASE SELECT ONE OPTION

- 1) YES, I would like to contribute 3% of my salary on a pre-tax basis with annual increases of 1% to a maximum of 6% to the Massachusetts Deferred Compensation SMART Plan to enhance my retirement benefit.*
- 2) YES, I would like to contribute _____% of my salary on a pre-tax basis to the Massachusetts Deferred Compensation SMART Plan to enhance my retirement benefit.*
- 3) NO, I do not wish to enhance my retirement benefit by contributing any portion of my salary to the Massachusetts Deferred Compensation SMART Plan at this time. I understand there is a ten-year creditable service vesting period for members of the separate State Retirement System and I am not contributing to Social Security as a state employee.

*If you elect to enhance your retirement benefit you will be defaulted into a SMART Plan custom target date fund based on your current age and an assumed retirement age of 65. (See the chart at the end of this form.) Additional information about the SMART Plan and options available to you can be found at www.mass-smart.com.

| | | | | | | | | |
|------------------------------|--|-------------------|--|----------|---|---|-------------------|--|
| Last Name | | First Name | | MI | Social Security Number | | | |
| Address - Number & Street | | | | | Email Address | | | |
| City | | State | | Zip Code | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | | | | | Mo Day Year | Mo Day Year | | |
| Home Phone | | Work Phone | | | Date of Birth | | Date of Hire | |
| City of Boston P3 | | City of Boston P3 | | | City of Boston P3 | | City of Boston P3 | |
| Payroll Center Name & Number | | | | | Division Name & Number | | | |

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

Would you like help consolidating your other retirement accounts into your SMART Plan account?* 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 8:00 A.M. to 6:00 P.M. EST). *Rollovers are subject to your Plan's provisions.

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund, I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. The Plan has selected a TARGET DATE portfolio of funds as its default investment fund. Until such time as you choose investment options for your Plan account, your contributions will be invested in the fund within this portfolio that most closely corresponds to certain factors in your profile. For more information, please contact your Empower Representative. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

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 understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at www.mass-smart.com or by calling the Voice Response System at 1-877-457-1900. A personal identification number (PIN) that gives you access to your account via the Web or phone will be mailed to you soon after your application is processed. You are responsible for keeping the assigned PIN confidential. Please contact us if you suspect unauthorized use.

My Account: 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 from 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 the notification forward and not on a retroactive basis.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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X _____
Participant Signature

Date

Continued on reverse

PARTICIPANT FAX TO: 1-781-890-2919 (or) MAIL TO: SMART Plan/Empower, 255 Bear Hill Road, Waltham, MA 02451

_____ 98996-01
 Last Name First Name M.I. Social Security Number Number

| Date of Birth | SMARTPath Retirement Funds | Expected Retirement Date Range |
|----------------------|--------------------------------------|---------------------------------------|
| 1998 or after | SMARTPath 2070 Retirement Fund | 2068 or after |
| 1998 - 2002 | SMARTPath 2065 Retirement Fund | 2063-2067 |
| 1993 - 1997 | SMARTPath 2060 Retirement Fund | 2058-2062 |
| 1988 - 1992 | SMARTPath 2055 Retirement Fund | 2053-2057 |
| 1983-1987 | SMARTPath 2050 Retirement Fund | 2048-2052 |
| 1978-1982 | SMARTPath 2045 Retirement Fund | 2043-2047 |
| 1973-1977 | SMARTPath 2040 Retirement Fund | 2038-2042 |
| 1968-1972 | SMARTPath 2035 Retirement Fund | 2033-2037 |
| 1963-1967 | SMARTPath 2030 Retirement Fund | 2028-2032 |
| 1958-1962 | SMARTPath 2025 Retirement Fund | 2023-2027 |
| 1953-1957 | SMARTPath 2020 Retirement Fund | 2018-2022 |
| 1948-1952 | SMARTPath 2015 Retirement Fund | 2013-2017 |
| 1942 or before | SMARTPath Retirement Allocation Fund | 2012 or before |

Please note that if a date of birth is not included on this form, or otherwise on file when your account is created, the date of birth assigned to your SMART Plan account will be the date of account creation, which will result in your allocations being set to the SMARTPath 2070 Retirement Fund. You may change your investment allocations by calling 877-457-1900 or accessing your account online through www.mass-smart.com.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

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