Participant Enrollment

Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory

OBRA

Participant Information
Last Name First Name MI

(The name provided MUST match the name on file with Service

Provider)

Mailing Address

Social Security Number

E-Mail Address
98966-02

o Married o Unmarried o Female o Male Birth

of Hire

Do you have a retirement savings account with a previous

employer or an IRA? o Yes or o No
Important Notice: Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the

Plan) must complete Social Security Form

98966-02

Last Name First Name M.l. Social Security Number Number

Plan Beneficiary Designation

This designation is effective upon exeeution 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

Last Name

Signatnrc(s) and Consent

Participant Consent

First Name M.l.

98966-02

Social Security Number Number

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required

to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a

result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially

designated national or blocked person. For more information, please access the OFAC Web site at:

http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

Deferral agreements must be entered into prior to the first day of the month that the deferral p82e

be Prmade

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