



**Participant Enrollment  
Governmental 457(b) Plan**

**Prince George's County Deferred Compensation Plan and Trust**

**767522-01**

**Participant Information**

<p>_____ Last Name</p> <p>_____ First Name</p> <p>_____ MI</p> <p><i>(The name provided MUST match the name on file with Service Provider.)</i></p> <p>_____ Mailing Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ Zip Code</p> <p>_____ Home Phone</p> <p>_____ Work Phone</p>	<p>_____ Social Security Number</p> <p>_____ E-Mail Address</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Mo Day Year      Mo Day Year</p> <p>_____ Date of Birth</p> <p>_____ Date of Hire</p>
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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 \$22,500.00) per pay period of my compensation as Deferred Salary 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 and Asset Allocation Models.**

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.

Select either an Asset Allocation Model (A) or your own investment options (B).

**(A) Asset Allocation Model Selection - only one model can be selected**

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
PGC Aggressive	<input type="checkbox"/>	PGC Moderate	<input type="checkbox"/>
PGC Conservative	<input type="checkbox"/>	PGC Ultra Aggressive	<input type="checkbox"/>
PGC Moderate Conservative	<input type="checkbox"/>		

**(B) Select Your Own Investment Options**

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
American Century Strat Allc Cnsvr Inv.....	TWSCX	_____	Invesco Real Estate A.....	IARAX	_____
American Century Strat Allc: Mod Inv.....	TWSMX	_____	American Century Small Cap Value Inv.....	ASVIX	_____
American Century Strat Allc: Agrsv Inv.....	TWSAX	_____	Columbia Small Cap Index A.....	NMSAX	_____
American Funds 2010 Trgt Date Retire R6.....	RFJTX	_____	Ivy Small Cap Growth Y.....	WSCYX	_____
American Funds 2015 Trgt Date Retire R6.....	RFJTX	_____	Columbia Mid Cap Index A.....	NTIAX	_____
American Funds 2020 Trgt Date Retire R6.....	RRCTX	_____	JPMorgan Mid Cap Growth R6.....	JMGMX	_____
American Funds 2025 Trgt Date Retire R6.....	RFDTX	_____	Victory Sycamore Established Value A.....	VETAX	_____

Last Name

First Name

M.I.

Social Security Number

Number

## INVESTMENT OPTION

NAME	TICKER CODE	%
American Funds 2030 Trgt Date Retire R6.....	RFETX	RFETX
American Funds 2035 Trgt Date Retire R6.....	RFFTIX	RFFTIX
American Funds 2040 Trgt Date Retire R6.....	RFGTX	RFGTX
American Funds 2045 Trgt Date Retire R6.....	RFHTX	RFHTX
American Funds 2050 Trgt Date Retire R6.....	RFITX	RFITX
American Funds 2055 Trgt Date Retire R6.....	RFKTX	RFKTX
American Funds 2060 Trgt Date Retire R6.....	RFUTX	RFUTX
American Funds 2065 Trgt Date Retire R6.....	RFVIX	RFVIX
American Funds EuroPacific Gr R3.....	RERCX	RERCX
Hartford International Opp HLS IA.....	HIAOX	HIAOX
Northern International Equity Index.....	NOINX	NOINX
Invesco Developing Markets A.....	ODMAX	ODMAX

## INVESTMENT OPTION

NAME	TICKER CODE	%
American Century Equity Income Inv.....	TWEIX	TWEIX
American Century Ultra Investor.....	TWCUX	TWCUX
JPMorgan US Equity A.....	JUEAX	JUEAX
MassMutual Blue Chip Growth Admin.....	MBCLX	MBCLX
Vanguard 500 Index Admiral.....	VFIAX	VFIAX
Invesco Equity and Income A.....	ACEIX	ACEIX
Hartford Total Return Bond HLS IA.....	HIABX	HIABX
Lord Abbett Short Duration Income A.....	LALDX	LALDX
PIMCO Income Adm.....	PIINX	PIINX
PIMCO Real Return Admin.....	PARRX	PARRX
Templeton Global Bond A.....	TPINX	TPINX
General Account.....	N/A	MGDJD1

MUST INDICATE WHOLE PERCENTAGES

= 100%

## 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.

**Asset Allocation Models** - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

**PGC Aggressive** - ODMAX 6% HIAOX 6% NOINX 5% RERCX 5% MGDJD1 9% TPINX 5% PARRX 3% VFIAX 11% TWCUX 9% TWEIX 11% NTIAX 5% PIINX 5% VETAX 5% HIABX 3% WSCYX 4% IARAX 4% ASVIX 4%

**PGC Conservative** - HIAOX 5% MGDJD1 66% TPINX 5% PARRX 2% MBCLX 6% TWEIX 9% PIINX 5% HIABX 2%

**PGC Moderate Conservative** - HIAOX 4% NOINX 3% RERCX 3% MGDJD1 46% TPINX 5% PARRX 2% VFIAX 8% TWCUX 5% TWEIX 7% NTIAX 4% PIINX 5% VETAX 3% HIABX 2% ASVIX 3%

**PGC Moderate** - ODMAX 4% HIAOX 4% NOINX 4% RERCX 4% MGDJD1 20% TPINX 7% PARRX 3% VFIAX 10% MBCLX 6% TWEIX 8% NTIAX 5% PIINX 7% VETAX 5% HIABX 3% WSCYX 3% IARAX 3% ASVIX 4%

**PGC Ultra Aggressive** - ODMAX 8% HIAOX 7% NOINX 7% RERCX 6% TPINX 5% VFIAX 13% TWCUX 11% TWEIX 13% NTIAX 6% PIINX 5% VETAX 5% NMSAX 3% WSCYX 3% IARAX 5% ASVIX 3%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

**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.

Last Name

First Name

M.I.

Social Security Number

Number

**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.

**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****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.*

**Print Full Name**

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

**Uploaded electronically to:**

Login to account at

**empower.com/pgcounty**

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. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.



Beneficiary Designation Governmental 457(b) Plan

Prince George's County Deferred Compensation Plan and Trust

767522-01

For My Information

- For questions regarding this form, visit the website at empower.com/pgcounty or contact Service Provider at 1-866-816-4400. Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits)

Last Name, First Name, M.I., Date of Birth, Daytime Phone Number, Email Address, Alternate Phone Number, Married/Unmarried checkboxes

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

Primary Beneficiary Designation 1: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Primary Beneficiary Designation 2: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Primary Beneficiary Designation 3: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

Contingent Beneficiary Designation: % of Account Balance, Contingent Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

**B Beneficiary Designation** *(Attach an additional sheet to name additional beneficiaries.)***Contingent Beneficiary Designation** *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

%		/	/
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ( _____ )	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</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		
%		/	/
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ( _____ )	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</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		

**C Signatures and Consent** *(Signatures must be on the lines provided.)***Participant Consent for Beneficiary Designation** *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.

If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).**

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

**Participant Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

*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 Signature** *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

**Authorized Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

*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** \_\_\_\_\_