



Account Opening Form

403(b)(7) Custodial Account/ 403(b)(1) Group Annuity Contract

MassMutual Retirement Services, PO Box 1583, Hartford, CT 06144-1583 Fax No.:877-526-2531 or 800-678-8645

EMPLOYEE INFORMATION

Form with fields for Group No, Social Security No, Employer, Dept./Location, Employee Name, Phone Number, Mailing Address, City, State, Zip, Date of Birth, Sex, Date of Hire, Date of Eligibility.

*For your mailing address, provide either a street address or P.O. Box, not both. If you provide both, MassMutual will follow USPS Guidelines and use the PO Box as your mailing address.

CONTRIBUTION ELECTIONS

Please refer to the Plan or contact your Plan Sponsor for information about the deferral options under the Plan.

- Elective Deferrals - I will be contributing ___% or \$___ of my compensation, each payroll period on a before-tax basis.
I will be contributing ___% or \$___ of my compensation each payroll period as designated Roth contributions. I understand that once an amount is contributed, its designation as a Roth contribution may not be changed.

The above information is for MassMutual's records only. This does not replace a Salary Deferral Agreement which may be required by your Employer.

- I am utilizing the age 50+ catch-up provision.
I am utilizing the "15 year rule" catch-up provision. Please complete a 15 Year Rule Notification form.

INVESTMENT ELECTION

I elect to have my future contributions invested as follows. I understand that this 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.

SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%.

- % N8 Alger Capital Appreciation Institutional-I
% J9 American Century Small Cap Value-A
% N4 American Funds Cap World Growth and Income-R3
% CG American Funds Capital Income Builder-R3
% 7K American Funds EuroPacific Growth-R3
% 8A American Funds Fundamental Investors-R3
% 5Y American Funds The Growth Fund of America-R3
% P5 BlackRock Global Allocation-A
% AR ClearBridge International Small Cap A
% 9P Davis New York Venture-A
% 9Q Eaton Vance Large-Cap Value-A
% B3 Franklin Conservative Allocation A
% IC Franklin Gold and Precious Metals A
% B4 Franklin Growth Allocation A
% LU Franklin Income-A
% B5 Franklin Moderate Allocation A
% NW Franklin Mutual Global Discovery A
% RX Franklin Small Cap Value-A
% 10 General Account*
% 8E Goldman Sachs Government Income-A
% B6 Goldman Sachs Mid Cap Value-A
% 8W Invesco Equity and Income-A
% 8Y Invesco Growth and Income-A
% 8X Invesco Mid Cap Growth-A
% JR Invesco Real Estate-A
% 9K Invesco Small Cap Growth-A
% 6B Janus Henderson Forty-S
% KI JPMorgan SmartRetirement 2020 R3
% IT JPMorgan SmartRetirement 2025 R3
% IU JPMorgan SmartRetirement 2030 R3
% IV JPMorgan SmartRetirement 2035 R3
% IW JPMorgan SmartRetirement 2040 R3
% IX JPMorgan SmartRetirement 2045 R3
% IY JPMorgan SmartRetirement 2050 R3
% E2 JPMorgan SmartRetirement 2055 R3
% IK JPMorgan SmartRetirement 2060 R3
% IZ JPMorgan SmartRetirement Income R3
% GE JPMorgan U.S. Government Money Market Service
% KR MFS Total Return Bond-R3
% 5U MFS Utilities-R3
% PJ Oppenheimer International Bond-A
% PP PIMCO Real Return-A
% BL PIMCO Total Return-A
% PT Pioneer High Yield-A
% VM T. Rowe Price Equity Income-R
% AC The Hartford Capital Appreciation-R5
% QV The Hartford Conservative Allocation-R5
% AE The Hartford International Opportunities-R4
% XA Wells Fargo Emerging Markets Equity-A

*Offered through a Group Fixed Annuity Contract issued by Hartford Life Insurance Company. Contracts issued by Hartford Life Insurance Company. Contracts administered by Massachusetts Mutual Life Insurance Company.

CUSTOMER IDENTIFICATION PROGRAM VERIFICATION (Governmental 403(b) arrangements are exempt)

We are required under the USA Patriot Act - Section 326 to verify the identity of any person seeking to open an account through MassMutual.

Account Owner: U.S. Citizen Yes No If "No", indicate country of citizenship: _____

Check one ID Format and provide issuing agency information:

Photo Driver License Photo Govt.ID Photo Military ID Alien ID Other _____

Issuing agency: _____ ID#: _____ Exp. Date: ____/____/____

(State, Country, Branch of Service)

SIGNATURES

I agree to be bound by the terms of the prospectus for each mutual fund ("fund") in which I am investing. I am investing in shares after reviewing a fund profile and I understand that I will receive the prospectus upon the purchase of those shares. I acknowledge that it is my responsibility to read the prospectus of any fund into which I exchange.

I understand that an investment in each fund involves risk and that investment return and principal value will fluctuate so that when redeemed any shares in my account may be worth more or less than their original cost; that any dividends and capital gains will be automatically reinvested in the same fund(s) that paid them; and that fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank or insurance company, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the U.S. government.

I understand that the General Account investment option, is not a mutual fund and that transfers from that option may be restricted according to the terms and provisions of my employer's group annuity contract.

I acknowledge that I have read and understand the Fraud Warning Statement, as applicable to my state. **Indiana: WARNING:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

I acknowledge receipt of the Participant Disclosure Information and understand that my account may be subject to fees and charges for recordkeeping and administrative services as detailed therein. Both the Employer and the Employee acknowledge and understand that the Employee has total responsibility for deciding whether to defer income and for instructing to whom the Employer is to provide the deferred income for investment purposes.

The Employee may only contribute amounts that have not already been paid or made available. The Employee agrees and acknowledges that contributions shall not exceed the Internal Revenue Code deferral limit.

This Agreement is legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid while this Agreement is in effect and while employment continues. The Employee may terminate or otherwise modify this agreement at any time by giving written notice so that this agreement will not apply to salary subsequently paid.

I affirm that the information on this form is accurate and complete, to the best of my knowledge.

Signed in the State of _____ on _____

Date

Participant Signature

TO BE COMPLETED BY THE REGISTERED REPRESENTATIVE

(For Home Office Administration Purposes Only)

Registered Representative Signature

Printed Name of Registered Representative

Registered Representative Tax ID/Producer Code

Selling Firm Name

Selling Firm Tax ID