

# Enrollment Form

Township of Plainsboro, NJ 457(b) Plan  
Township of Plainsboro, NJ  
62775-1-1

## 1 Enter your personal information (Please print clearly)

Employee  Surviving Beneficiary (attach notice of death form)  Alternate Payee (attach a QDRO form)

Participant's Name (First, Middle Initial, Last)		Participant's Social Security Number (SSN)
Street Address	Apt. No.	Birthdate: mm - dd - yyyy
City ( ) ( )	State	Zip
Daytime Phone	Evening Phone	Email Address
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated		<input type="checkbox"/> Check here to sign up for email notification*

### Plan Administrator Use Only (Form cannot be processed without this required information and signature)

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Plan Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Frequency:  Monthly (12/Yr)  Semi-Monthly (24/Yr)  Bi-Weekly (26/Yr)  Weekly (52/Yr)

Years of credited services as of last plan year end: \_\_\_\_\_ (if this information is NOT provided, MassMutual will assume the employee has completed a year of service for each year since hire date.)

As Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature.

Plan Administrator Signature

Date

## 2 Choose your payroll deduction method

- Before-Tax Contribution:** \_\_\_\_% of my compensation each pay period for deposit to my before-tax account. Each before-tax contribution amount cannot exceed any applicable limit set by the Plan. In addition, total before-tax contributions to all qualified retirement plan(s) you participate in cannot exceed \$18,000 for the 2017 calendar year.
- Roth Contribution:** \_\_\_\_% of my compensation each pay period for deposit to my Roth account (not to exceed any Roth contribution limits set by the plan; read your summary plan description for more details).
- Decline Plan Participation:** I elect to make no contributions (0%) at this time. I understand I may revoke this election at any time or I may change this election as allowed by the Plan.

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## 3 Choose one of the investment strategies below

Your investment strategies are outlined on the following pages. Choose the selection that works for you.

**IMPORTANT NOTE:** This investment election applies to your rollover and all future contributions. **IMPORTANT NOTE:** This investment election applies to your rollover and all future contributions. Investment allocation strategies are a convenient way of allocating your account among certain of the plan's individual investment options. Any investment allocation strategies included in these materials are not intended to be investment advice or recommendations to you and may or may not be appropriate for your circumstances. In applying investment allocation strategies to your individual circumstances, you should consider your other assets, income and investments as well as your risk tolerance. If you direct your contributions or current account balance to an investment allocation strategy, your contributions or account balance will be invested in each of the individual investment alternatives in the percentages indicated for the strategy. The plan may offer other investment options not included in the strategies and the individual investment alternatives included in the strategies may also be available on a stand-alone basis. The Investment Portfolio chart lists asset classes, along with their weightings in the allocation strategy. Additional investment options may exist that are not included in the portfolio. When selecting your investments, choose only **ONE** portfolio from any of the strategies, sign the form and you're done **OR** you can select individual investment options (under Option C) and build your own portfolio. See below for a complete list of options. The investment options available in this plan may change at the direction of the Plan Sponsor. Elections made on this form may be modified to follow the intent of those changes. Until you make your investment option selection, all of your contributions will be invested in the Prm U.S. Gvt Mny Mkt (Barings).

### A: Age-Based Investment Option (If you make a selection here, do not make a selection under any other option.)

If you select one of these Asset Allocation investment options, based on the date closest to the year you plan to retire, you are almost done! Check the appropriate box and go to Step 4.

*Target Asset Allocation Investment Options are single solutions that offer professional management and monitoring as well as diversification all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date.*

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> T. Rowe Price Retirmnt<br>2005 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2010 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2015 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2020 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2025 Fd |
| <input type="checkbox"/> T. Rowe Price Retirmnt<br>2030 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2035 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2040 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2045 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2050 Fd |
| <input type="checkbox"/> T. Rowe Price Retirmnt<br>2055 Fd | <input type="checkbox"/> T. Rowe Price Retirmnt<br>2060 Fd |  |  |  |

or

### B: Custom Portfolio Investment Option (If you make a selection here, do not make a selection under any other option.)

Custom portfolios, based on different risk tolerances, have been arranged using the individual funds available to your plan. The amounts of each individual fund contained in the different Custom Portfolio options are shown on the right side of the following fund list. If you select one of these Custom Portfolio investment options, you are almost done! Check the appropriate box and go to Step 4.

- |                                     |                                       |                                   |                                     |   |
|-------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Short Term | <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderate | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Ultra Aggressive |
|-------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------|---|

or

### C: Individual Fund Option (If you enter selections here, do not make a selection under any other option.)

First, select the individual funds in which you wish to invest. Then, enter the percentage of your contributions to be invested in each of those funds in the space provided. Make sure selections are whole percentages and total 100%. When they add up to 100%, you are almost done! Go to Step 4.

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Investment Options	All Contributions	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
SF Guaranteed	_____ %	95%	21%	6%	2%	-
Sel Strategic Bnd Fd (Western)	_____ %	5%	49%	34%	14%	-
PIMCO Income Fund	_____ %	-	-	-	-	-
Vanguard High-Yield Corp Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2005 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2010 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2015 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2020 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2025 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2030 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2035 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2040 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2045 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2050 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2055 Fd	_____ %	-	-	-	-	-
T. Rowe Price Retirmt 2060 Fd	_____ %	-	-	-	-	-
Dodge &Cox Stock Fund	_____ %	-	1%	2%	2%	3%
Harbor Lrge Cap Val Fund	_____ %	-	-	1%	2%	2%
Vanguard Value Index Fund	_____ %	-	1%	2%	2%	3%
Invesco Diversified Divid Fund	_____ %	-	1%	1%	2%	2%
American Funds Fndmntl Invs Fd	_____ %	-	5%	9%	13%	17%
Vanguard 500 Index Fund	_____ %	-	5%	9%	13%	17%
Sel TRP/LS Blue Chip Growth Fd	_____ %	-	1%	1%	2%	2%
Harbor Capital Appreciation Fd	_____ %	-	1%	2%	2%	3%
Morgan Stanley Instl Gr Fd	_____ %	-	1%	2%	2%	3%
TIAA-CREF Large Cap Growth Fd	_____ %	-	-	1%	2%	2%
Vanguard Mid-Cap Val Indx Fd	_____ %	-	-	1%	1%	1%
Vanguard Selected Value Fund	_____ %	-	-	-	1%	-
JP Morgan Intrepid Mid Cap Fd	_____ %	-	1%	3%	3%	3%
Vanguard Strategic Equity Fund	_____ %	-	1%	3%	3%	4%
Sel Md Cp Gr Fd (TRP/Frontier)	_____ %	-	-	-	1%	-
Vanguard Mid-Cap Gr Indx Fd	_____ %	-	-	-	1%	-
Hartford Midcap Fund	_____ %	-	-	1%	-	1%
Vanguard Small-Cap Val Indx Fd	_____ %	-	-	-	1%	1%
Harbor Small Cap Value Fund	_____ %	-	-	-	1%	1%
ICM Small Company Fund	_____ %	-	-	-	-	-
Prudential QMA Sm-Cap Val Fd	_____ %	-	1%	1%	-	-
Prm OppenheimrFds Sm Cp Opp Fd	_____ %	-	2%	3%	4%	5%
Vanguard TaxManaged Sml Cp Fd	_____ %	-	1%	3%	3%	4%
Vanguard Explorer Fund	_____ %	-	-	-	1%	1%
Federated MDT Small Cap Grw Fd	_____ %	-	-	-	1%	1%
Virtus KAR Small-Cap Gwth Fd	_____ %	-	1%	1%	-	-
DFA International Core Eq Fd	_____ %	-	5%	10%	15%	17%
Premier Global Fund (OFI)	_____ %	-	-	1%	2%	3%
Oppenheimer Global Opport Fund	_____ %	-	-	-	-	-
Vanguard REIT Index Fund	_____ %	-	2%	3%	4%	4%
Vanguard Materials Index Fund	_____ %	-	-	-	-	-

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## 4 Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. After receipt of this form, MassMutual will send you written confirmation once your account is established. I understand I may revoke this election at any time or I may change this election as allowed by the Plan. I understand that the maximum annual limit on contributions is determined under the Plan document and the Internal Revenue Code. Any amounts contributed may be reduced or returned to me as required by these limitations.



Participant's Signature

Date

**IMPORTANT NOTE: IF YOU ENROLL BY MAILING THIS FORM TO MASSMUTUAL, BUT THEN SUBSEQUENTLY CHANGE YOUR ELECTIONS THROUGH THE AUTOMATED PHONE LINE OR THE PARTICIPANT WEBSITE, THE MOST RECENTLY DATED ACTIVITY WILL PREVAIL. 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 P.O. BOX AS YOUR MAILING ADDRESS.**

*If you have selected an investment strategy and one or more of the strategy's component investments listed on your form has been replaced, any contributions that would have been invested in that component investment will be invested according to the investment allocation in effect at the time the strategy is implemented and the new component will be listed on your confirmation form.*

*Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. For this and other information, see the prospectus available from your plan sponsor, on the participant website at [www.retiresmart.com](http://www.retiresmart.com) or by contacting our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday. Read it carefully before investing.*

*\*By selecting 'Email Notification' in Section 1 above, you are consenting to receive electronic notices regarding materials for your retirement plan. You will receive an email notification that will contain a link to our secure participant website log-in page. Once you log-in to your account, you will be able to view all available plan-related documents referenced in the electronic notice. You may view the documents online, save them to your personal computer, or print them for your records. Documents will be posted either in HTML or PDF format. By electing 'Email Notification,' you are verifying that you possess the ability to view and download HTML and PDF documents. These documents are required under Title I of ERISA and may include, for example, a Summary Plan Description, a Summary of Material Modification, individual benefit statements, investment related information, as well as any notice or communication required under the Internal Revenue Code (IRC) including but not limited to, loan notes, notices of interest parties, and notices of available distribution options. Inaction or cancel the event of an invalid email address, full mailbox, or spam settings, MassMutual will send printed material via U.S. mail. The election or cancellation date of the email notification program may result in notifications remaining in their existing delivery method for a short period of time. Adobe Acrobat Reader version 7.0 or higher is required to view retirement statements. Visit [www.adobe.com](http://www.adobe.com) for a free download.*

*To get the most out of your plan...You may also roll over your eligible distributions from your prior employer's qualified plan.*

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# Beneficiary Form

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## 1 Enter your personal information (Please print clearly)

Participant's Name (First, Middle Initial, Last)		Participant's Social Security Number (SSN)
Street Address	Apt. No.	Birthdate: mm - dd - yyyy
City ( )	State ( )	Zip
Daytime Phone	Evening Phone	Email Address
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated		

### Plan Administrator Use Only (Beneficiary form cannot be processed without your signature)

I, the plan administrator, certify that the above information is correct, and if a married participant has designated a non-spouse beneficiary, and the Spouse's signature has not been witnessed by a Notary Public, I certify that I have witnessed the spouse's signature below agreeing to the designation.

Plan Administrator Signature	Date
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# Beneficiary Form

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## 2 Designate beneficiary(ies) (Check one box only)

A.  **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance upon my death. If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.

Spouse's Name

Spouse's Social Security Number (SSN)

Spouse's Date of Birth: mm - dd - yyyy

or

B.  **Non-Spouse or Multiple Primary Beneficiaries:** I would like the following person(s) to receive my entire account balance upon my death. (If division is other than equal shares, write in whole percentages totaling 100%.)

Beneficiary Name	Social Security Number	Relationship	Percentage
			%
			%
			%
			%

### Contingent Beneficiary (Optional)

If no Primary Beneficiary listed on the front of this form is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.) NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on the participant website. Plan Administrator: Please retain a copy of this form in your files.

Beneficiary Name	Social Security Number	Relationship	Percentage
			%
			%
			%
			%

## 3 Provide spousal consent (If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent below.)

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I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right.

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Notary Public's Signature Date Date Commission Expires



## Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. After receipt of this form, MassMutual will send you written confirmation once your account is established.



\_\_\_\_\_  
Participant's Signature Date

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