ENROLL

Enrollment Form

**Empower Retirement 100 Bright Meadow Boulevard Enfield CT 06082**

• Use this form to enroll in your employer’s Plan. Please read Section F- *Important* *Information* before completing this **Questions?** form.

Call  
Empower Retirement's

• Complete the form even if you choose not to enroll because your employer may make contributions for your benefit

and you need to indicate how they should be invested. If no election is made, contributions will be invested at your

employer’s or other plan fiduciary’s direction. Additionally, if your Plan has an automatic enrollment feature and you Customer Service Center

1-800-854-0647

fail to complete this form, you may be automatically enrolled in the Plan at a future date.

• Changes to your existing account balance may be made on our website or by calling Empower Retirement's Customer Service Center. Changes can also be made on forms available through your Plan Sponsor.

• Please note, Empower Retirement cannot process this form until it is received in good order. Please see the *Important* *Information* Section for information on “Good Order” requirements.

Fax

800-220-2913

Online

**www.massmutual.com/**

**retirementaccess**

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| **Section A - Plan Information (Plan Administrator Completes)** |

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| Plan ID 835739 | Plan Name  MetaSense, Inc. 401(k) Plan | |
| Plan Contact | | Daytime Phone Number |
|  | |  |
| **Section B - Employee Information - \*REQUIRED FIELDS IN BOLD** | | |

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| **\*SSN** | **\*Date** **of** **Hire** | | | **\*Date** **of** **Birth** | | | Type of Enrollment | | | |
|  | New Hire |  | Re-hire |
|  |  | | | | | | | | | |
| **\*Employee** **Name** **(Last,** **First,** **MI)** | | Gender | | | | Email Address | | | | |
|  | Male |  | Female |
| **\*Legal** **Address** | | | | | | Daytime Phone Number | | | | |

**\*City** **\*State** **\*Zip** **Code**

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| Plan Administrator use only | : Location Code | Plan Entry Date |

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| **Section C - Contribution Elections (Employee Completes)** |

Refer to your Plan’s Summary Plan Description for a description of the types and applicable limitations on Plan employee contributions and to determine if your Plan provides for a separate deferral election from bonuses.

**Pre-Tax** **Elective** **Deferral** **Contributions** **-** I elect to contribute \_\_\_\_\_% (whole percentage) of my compensation each payroll period on a before-tax basis.

**Roth** **After-Tax** **Elective** **Deferral** **Contributions** **-** I elect to contribute \_\_\_\_\_% (whole percentage) of my compensation each payroll period on a Roth after-tax basis.

I do not elect to contribute to the plan at this time. Please sign in Section E.

**SALARY** **REDUCTIONAGREEMENT** **-** **401(k)** **Plans**

If elected above, by execution of this Enrollment Form, I authorize my Employer to make contributions to the Plan by reducing my compensation as elected. This agreement shall continue in effect while I am employed by the Employer or until it is changed in accordance with the terms of the Plan. I understand that the terms of the Plan may provide the Employer with the authority to reduce or cease my 401(k) contributions to ensure the Plan satisfies the requirements of Section 401(k) of the Internal Revenue Code.

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| **Section D - Future Contribution Investment Elections (Employee Completes)** |

I elect to have all future contributions invested among the investment options I have selected below.

Specialty

\_\_\_\_\_% JR Invesco Real Estate R International/Global

\_\_\_\_\_% 7KAmerican Funds EuroPacific Growth R1 \_\_\_\_\_% H8 Delaware Emerging Markets R

\_\_\_\_\_% 3MR MM MSCI EAFE International Index R3 Small-cap

\_\_\_\_\_% B7 Goldman Sachs Small Cap Value R \_\_\_\_\_% 9K Invesco Small Cap Growth R

\_\_\_\_\_% 3NS MM Russell 2000 Small Cap Index R3

\_\_\_\_\_% 7O Victory Sycamore Small Company Opportunity R Mid-cap

\_\_\_\_\_% 3NR MM S&P Mid Cap Index R3 Large-cap

\_\_\_\_\_% N8Alger CapitalAppreciation Institutional R \_\_\_\_\_% JO JPMorgan U.S. Equity R2

\_\_\_\_\_% 3MK MM S&P 500 Index R3

\_\_\_\_\_% 2TX Virtus Ceredex Large Cap Value EquityA Asset allocation/Balanced

\_\_\_\_\_% 3MAMM RetireSMART by JP Morgan 2020 R3

\_\_\_\_\_% 3MB MM RetireSMART by JP Morgan 2025 R3 \_\_\_\_\_% 3MC MM RetireSMART by JP Morgan 2030 R3 \_\_\_\_\_% 3MD MM RetireSMART by JP Morgan 2035 R3 \_\_\_\_\_% 3ME MM RetireSMART by JP Morgan 2040 R3 \_\_\_\_\_% 3MF MM RetireSMART by JP Morgan 2045 R3 \_\_\_\_\_% 3MG MM RetireSMART by JP Morgan 2050 R3 \_\_\_\_\_% 3MV MM RetireSMART by JP Morgan 2055 R3 \_\_\_\_\_% 3TI MM RetireSMART by JP Morgan 2060 R3

\_\_\_\_\_% 3MH MM RetireSMART by JP Morgan In Retirement R3 \_\_\_\_\_% EU The Hartford Balanced Income R3

Bonds

\_\_\_\_\_% T7 BNYM Mellon NSLAggregate Bond Index R \_\_\_\_\_% 3OI FidelityAdvisor Total Bond M

\_\_\_\_\_% 3NC MassMutual High Yield R3 \_\_\_\_\_% PP PIMCO Real Return R Money market/Stable value

\_\_\_\_\_% 10 FixedAccount

Investing involves risk, including possible loss of principal.

(Must total 100% - whole percentages only) If the percentages entered are not whole percentages or do not total 100%, your contributions will be invested in the plan's default fund. **Note:** **An** **X** **or** **check** **marked** **next** **to** **one** **of** **the** **investments** **will** **indicate** **you** **wish** **to** **invest** **100%** **of** **your** **account.** I understand that this Enrollment 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. I also understand that if I fail to establish investment elections, my future contributions may be invested as directed by the Plan Administrator until I change my future investment allocation under the investment Plan’s procedures.

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| **Section E - Signatures (Both Employee & Plan Administrator Complete)** |

I understand that the elections selected on this form will be effective in accordance with the terms of the Plan (or as soon as administratively feasible) for each payroll period that this election is in effect, and that all future contributions will be invested in investment options as I directed above that are offered under a group variable funding agreement issued by Empower Retirement, unless I revoke or modify this election in writing or via our website, Voice Response Unit (VRU) or Customer Service Center. I understand that once an amount is contributed, the tax basis of the contribution may not be changed and that the value of my Plan account under the agreement is variable, is not guaranteed, and is subject to the investment experience of variable investment options I have selected. I further understand that my account may be subject to additional fees as directed by my Plan Sponsor.

Please ensure that all required fields are completed, otherwise the form will not be in good order to process.

Employee Signature Date

This document has been received and accepted by the Plan Administrator

Plan Administrator Signature Date

**Please** **retain** **a** **copy** **for** **your** **records.**

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| **Section F - Important Information** |

Participants must submit this form to their Plan Representative for authorization. Empower Retirement will not process this form if incomplete and/ or without Plan approval.

**Good** **Order** - “Good Order” means that all sections of the form are complete, the participant has provided their signature authorizing the transaction (if required) and the Plan Sponsor has provided their signature authorizing Empower Retirement to process the transaction requested on the form.

**Stale** **Address** - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our web site at www.massmutual.com/retirementaccess and select the change address link under your personal settings.

**Summary** **Plan** **Description** **(SPD)** - Before submitting this form, please review the SPD for the Plan, including the limitations on contributions, if the Plan provides for a separate deferral election from bonuses, when you can revoke or change your contribution election, and when you may take a distribution from the Plan.

**Contribution** **Elections** - The IRS establishes annual limits for certain plan contributions, including elective deferrals. If you are currently participating in or have participated in another qualified plan during this calendar year, your election to contribute either Pre-Tax or Roth Elective Deferral contributions should take into consideration other elective deferral contributions made during this calendar year.

**Securities** **offered** **and/or** **distributed** **by** **GWFS** **Equities,** **Inc.,** **Member** **FINRA/SIPC.** GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment advisers, Advised Assets Group, LLC and Personal Capital.