



Account Opening Form

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

Mail Address: Insurance Office, 198 E. Broad St., Columbus, OH 43215

Fax Number: 614-241-2573

EMPLOYEE INFORMATION

Group No: 753380	Social Security No:	Employer: Catholic Diocese of Columbus	Dept./Location:	
Employee Name: (Last, First, M.I.)			Phone Number:	
Mailing Address:		City:	State:	Zip:
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Hire:	Date of Eligibility:	

CONTRIBUTION ELECTIONS

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

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%.

- | | |
|--|--|
| <input type="checkbox"/> % ZLAB High Income-A | <input type="checkbox"/> % IY JPMorgan SmartRetirement 2050-A |
| <input type="checkbox"/> % CG American Funds Capital Income Builder-R3 | <input type="checkbox"/> % IZ JPMorgan SmartRetirement Income-A |
| <input type="checkbox"/> % 7K American Funds EuroPacific Growth-R3 | <input type="checkbox"/> % JO JPMorgan US Equity-A |
| <input type="checkbox"/> % 7X American Funds New Perspective-R3 | <input type="checkbox"/> % YI MFS International Value-R3 |
| <input type="checkbox"/> % TE Ave Maria Bond-R | <input type="checkbox"/> % BX MFS Research International-R3 |
| <input type="checkbox"/> % EI Ave Maria Catholic Values | <input type="checkbox"/> % YL Oppenheimer International Diversified A |
| <input type="checkbox"/> % EO Ave Maria Growth | <input type="checkbox"/> % K6 Perkins MidCap Value-S |
| <input type="checkbox"/> % ZK Ave Maria Rising Dividend | <input type="checkbox"/> % PP PIMCO Real Return-A |
| <input type="checkbox"/> % Z9 Delaware Extended Duration Bond A | <input type="checkbox"/> % GK Premier Barings High Yield-R4 |
| <input type="checkbox"/> % 6K Dreyfus Bond Market Index-INV | <input type="checkbox"/> % GO Prudential Jennison Mid-Cap Growth Fund-A |
| <input type="checkbox"/> % LQ Dreyfus Midcap Index | <input type="checkbox"/> % BN Putnam Equity Income-R |
| <input type="checkbox"/> % LR Dreyfus Small Cap Stock Index | <input type="checkbox"/> % SC T.Rowe Price Growth Stock-R |
| <input type="checkbox"/> % 10 General Account* | <input type="checkbox"/> % A7 TIAA-CREF Equity Index R |
| <input type="checkbox"/> % B7 Goldman Sachs Small Cap Value-A | <input type="checkbox"/> % A8 TIAA-CREF Large-Cap Growth Index R |
| <input type="checkbox"/> % 9K Invesco Small Cap Growth-A | <input type="checkbox"/> % A9 TIAA-CREF Large-Cap Value Index R |
| <input type="checkbox"/> % KI JPMorgan SmartRetirement 2020-A | <input type="checkbox"/> % X7 Victory Sycamore Established Value-A |
| <input type="checkbox"/> % IU JPMorgan SmartRetirement 2030-A | <input type="checkbox"/> % 70 Victory Sycamore Small Company Opportunity-A |
| <input type="checkbox"/> % IW JPMorgan SmartRetirement 2040-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.

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.

ENROLLMENT

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 state specific Fraud Warning Statement, or the NAIC Model Fraud Statement, as applicable. **Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

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

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.