



Participant Enrollment Governmental 457(b) Plan

Representative: Vito DeSimone 401-439-3715

Massachusetts Deferred Compensation SMART Plan

98966-01

Participant Information

Form fields for Last Name, First Name, MI, Mailing Address, City, State, Zip Code, Home Phone, Work Phone.

Form fields for Social Security Number, E-Mail Address, Date of Birth, Date of Hire, Annual Income.

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 Retirement?*

Statement Delivery - If an e-mail address is on file for your account, your statement will be delivered electronically.

Payroll Information

- I elect to contribute \$ or % per pay period of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$19,500.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount).

Payroll Effective Date: Mo Day Year

Form fields for Town of Freetown, Payroll Center Name, Division Name.

Form fields for P6645, Payroll Center Number, D6645, Division Number.

Scheduled Annual Increase

I elect to have a scheduled annual contribution increase to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

Please complete the following information:

- Before-Tax Starting Amount \$ or % per pay check To a Maximum Amount \$ or % per pay check (\$1.00 - \$19,500.00 or 1% - 100%) Select the increment to increase annually \$ or %

Managed Accounts Service Information

The Managed Accounts Service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment election for future contributions and will rebalance your account quarterly, if necessary. This election will be effective the day of receipt if received in good order by Service Provider prior to New York Stock Exchange market close. Any request received after New York Stock Exchange market close will be considered received the next business day. By electing the Managed Accounts Service, I agree to the fees associated with this service and understand the fee will be deducted from my account on a quarterly basis in accordance with the attached Managed Accounts Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

Managed Accounts Service:

- By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I revoke or amend my election.

-OR-**Select My Own Investment Options:**

- I elect to direct my own investments.
I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

Do not complete this section if you are electing to enroll in the Managed Accounts Service.

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

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.

INVESTMENT OPTION

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
SMARTPath Retirement Allocation Fund.....	N/A SMPT00	_____
SMARTPath 2005 Retirement Fund.....	N/A SMPT05	_____
SMARTPath 2010 Retirement Fund.....	N/A SMPT10	_____
SMARTPath 2015 Retirement Fund.....	N/A SMPT15	_____
SMARTPath 2020 Retirement Fund.....	N/A SMPT20	_____
SMARTPath 2025 Retirement Fund.....	N/A SMPT25	_____
SMARTPath 2030 Retirement Fund.....	N/A SMPT30	_____
SMARTPath 2035 Retirement Fund.....	N/A SMPT35	_____
SMARTPath 2040 Retirement Fund.....	N/A SMPT40	_____
SMARTPath 2045 Retirement Fund.....	N/A SMPT45	_____
SMARTPath 2050 Retirement Fund.....	N/A SMPT50	_____
SMARTPath 2055 Retirement Fund.....	N/A SMPT55	_____
SMARTPath 2060 Retirement Fund.....	N/A SMPT60	_____
International Stock Index Fund.....	N/A SVEAFT	_____

INVESTMENT OPTION

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
International Equity Fund.....	N/A MASIEF	_____
SMART Real Return Fund.....	N/A MASPRR	_____
Real Estate REIT Fund.....	N/A IVERES	_____
Small Company Stock Fund.....	N/A WELASC	_____
Small Company Stock Index Fund.....	N/A SVR2IS	_____
Large Company Value Stock Fund.....	N/A ETCLCV	_____
Large Company Blend Stock Fund.....	N/A FDFIDF	_____
Large Company Growth Stock Fund.....	N/A FDGCOM	_____
Large Company Stock Index Fund.....	N/A SV500	_____
High Yield Bond Fund.....	N/A EVHYMA	_____
Diversified Bond Fund.....	N/A MASDBD	_____
Bond Index Fund.....	N/A SVPBMI	_____
Treas Inflation Protection TIPS Idx Fd.....	N/A SVPTIP	_____
SMART Capital Preservation Fund.....	N/A MELINC	_____

MUST INDICATE WHOLE PERCENTAGES = 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary**100.00%**

% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
()		Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</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	

Contingent Beneficiary**100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
()		Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</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	

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/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, 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.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts Service, I understand that I must provide my Social Security number, date of birth, gender, marital status and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts Service.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee 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.

Managed Accounts Service Fee - If you elect the Managed Accounts Service, a quarterly fee will be assessed. If you wish to opt-out in the future please call an Advised Assets Group, LLC ("AAG") Representative at your Plan's the Voice Response System number.

Last Name

First Name

M.I.

Social Security Number

98966-01

Number

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

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.

Participant forward to Service Provider at:

Great-West Retirement Services®

255 Bear Hill Road

Waltham, MA 02451

Phone #: 1-877-457-1900

Fax #: 1-781-890-2919

Web site: www.mass-smart.com

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