



City of Billings Enrollment/Participation Agreement

Return this form to the Human Resources Dept.,
210 North 27th Street, Billings, MT 59101

E-mail: LinternL@ci.billings.mt.us

Section A - Plan and Participant Information

Account No 62940-1-1	Social Security Number	Employer City of Billings		
Participant Name (Last, First, M.I.)		Daytime Phone Number		
Mailing Address	City	State	Zip Code	
E-mail	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Hire Date	Date of Birth

Section B - Contributions

Elective Deferral Per Pay Period (\$10.00 Minimum)

1. **BEFORE TAX:** I elect to contribute \$ _____ or _____ % of my compensation each payroll period on a before-tax basis.

Effective Date: This agreement will be effective the first paycheck in the month following when the form is signed and submitted.

Section C - Investment Elections

Future contributions will be invested in an age-based target investment option. You may select an investment option from the investments made available to your plan. To make any investment elections or changes please visit www.retiresmart.com or call 1-800-743-5274.

The employee acknowledges that he or she has had an opportunity to review the important plan disclosures included in the plan welcome/enrollment package previously delivered to the employee, and that important plan disclosure information can also be obtained by contacting MassMutual at 1-800-743-5274 or linking to Account Access from www.retiresmart.com.

Section D - Beneficiary Designation

I designate the following beneficiary(ies) in accordance with the 457(b) Deferred Compensation Plan

Primary Beneficiary(ies) name, address and phone no.	Social Security (optional)	Date of Birth	Relationship	%

PRIMARY TOTAL: 100%

Contingent Beneficiary (optional): If no Primary Beneficiary listed above 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 %.)

Contingent Beneficiary(ies) name, address and phone no.	Social Security (optional)	Date of Birth	Relationship	%

CONTINGENT TOTAL: 100%

NOTE: If you are married and designate your spouse for less than 100% of your death benefit, you must complete a full Beneficiary Designation/Spousal Consent form. You can obtain this via your payroll department.

NOTE: MassMutual will not display Contingent Beneficiary information on our participant website at www.retiresmart.com. An electronic copy of this form is kept on record.

Section E - Employee Agreement and Signature

I authorize that any Before-Tax contributions be made by reducing the Employee's net pay. 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 457(b) contributions to ensure the Plan satisfies the requirements of Section 457(b). The execution and the delivery of this form to the offices of MassMutual revokes all prior beneficiary designations that I have made. I understand that this beneficiary designation will not take effect until it has been received in good order by MassMutual.

Participant Signature _____

Date _____

Section F - Important Information

BENEFICIARY INFORMATION

Please complete the Beneficiary Designation including name, address, phone number, Social Security Number, date of birth, relationship and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries,
equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

Primary and Contingent Beneficiaries

either
or

Participant's Estate

Trustee

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or equally among the survivors

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

Primary: Jane Doe, wife, 100% if living;

Contingent: John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

equally among the survivors

per stirpes

Participant's Estate

Jane Doe, trustee under trust

agreement* dated...

* Date of the execution of the trust agreement or a copy of the trust agreement must be provided.