

## HRSA-ILA Annuity & Savings Plan New Enrollment

Account Number **SF 51506 - 1 - 1**

Participant's Name \_\_\_\_\_  
first middle last

Participant's Address \_\_\_\_\_  
street  
 \_\_\_\_\_  
city state zip

Social Security No. \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr

Sex (optional):  Male  Female

Marital Status:  Married  Single  Legally Separated  Divorced

**TO BE COMPLETED BY THE PLAN ADMINISTRATOR:**  
 Current Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (For MassMutual: Current Date equals the entry date.)  
mo day yr

**INVESTMENT SELECTION (In 1% increments only)**

(ENTER WHOLE PERCENTAGES; 1% MINIMUM IN INVESTMENTS SELECTED; MULTIPLES OF 1% THEREAFTER)

SF Guaranteed	_____ %	Sel Indexd Eqty (Northrn Trst)	_____ %
Prm Core Bond (Babson)	_____ %	Sel Blue Chip Growth (T. Rowe Price)	_____ %
Conservative Journey	_____ %	Sel Aggressive Growth (Sands/Delaware)	_____ %
Moderate Journey	_____ %	Prm Small Co Oppty (OFI Inst)	_____ %
Aggressive Journey	_____ %	Sel Emerging Growth (Insght/Essex)	_____ %
Ultra Aggressive Journey	_____ %	Sel Focused Value (Harris/C&B)	_____ %
Sel Strat Bal (JPMrgn/Wstn)	_____ %	Sel Mid Cap Growth II (Price/Frontier)	_____ %
Sel Large Cap Value (Davis)	_____ %	Premier Global (OFI)	_____ %
Small Cap Value (Van Kampen)	_____ %	International Value (Thornburg)	_____ %

**(TOTAL PERCENTAGES MUST EQUAL 100%)**

**Cruise Control** will rebalance your investments on a quarterly basis to maintain the percentages you have selected above.

**To get the most out of your plan...**

- consider how much you want to contribute and complete the Deferred Salary Agreement--the more you contribute, the greater your tax benefits now and the bigger your nest egg can be at retirement.
- consider your investment needs and objectives based on your age, earnings and other resources.

**Be an informed investor...**

The investments listed above are a convenient, sensible way for you to take advantage of the capital market. Your money is combined, "pooled," with the money of other participants to seek a common financial goal. After receipt of this form, MassMutual will send you a Personal Data Confirmation report. You should also keep a copy of this form for your records.

**Investment flexibility...**

You can later change your investment selection by completing the transaction yourself using FLASH<sup>SM</sup>, via the telephone (1-800-743-5274) or the Internet (www.massmutual.com/retire), which is available to you 24 hours a day, 7 days a week. MassMutual cannot guarantee FLASH<sup>SM</sup> phoneline availability during periods of high demand. You may change your investment selection of future contributions daily and you may transfer previously contributed amounts between investments daily at no charge.

**COMPLETE SECOND PAGE**

**Form A&S-2**

# BENEFICIARY DESIGNATION

## Primary Beneficiary: (Check either box 1 or 2)

1.  **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance at my death.

Spouse's name: \_\_\_\_\_

Note: In the event of divorce, your designation of your former spouse as beneficiary shall automatically be terminated, unless you re-designate that person as your Designated Beneficiary.

2.  **Non-Spouse Primary Beneficiary:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages.)

Name	Social Security #	Relationship	Percent
Name	Social Security #	Relationship	Percent
Name	Social Security #	Relationship	Percent

If you are married and you have not elected your spouse as primary beneficiary, your spouse must provide consent below.

**SPOUSAL CONSENT.** 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.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public/Plan Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Commission Expires

### **(THE SPOUSAL CONSENT SECTION MUST BE COMPLETED)**

**Secondary Beneficiary (optional):** If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages.)

Name	Social Security #	Relationship	Percent
Name	Social Security #	Relationship	Percent

## SIGNATURES

\_\_\_\_\_  
Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please Return the Form to: Participant Services  
HRSA-ILA  
1355 International Terminal Blvd.  
Norfolk, VA 23505

If the form is not totally completed it will be returned to you for completion.

\_\_\_\_\_  
Plan Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date