

Participant Enrollment Governmental 457(b) Plan

City of Cambridge 457 Deferred Compensation Plan

340304-01

Participant Information

Last Name	First Name	MI	Social Security Number		
(The name provided MUST match the name on file with Service Provider.)					
Mailing Address			E-Mail Address		
City	State	Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
()	()		Mo	Day	Year
Home Phone	Work Phone		Mo	Day	Year
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.			Date of Birth		
			Date of Hire		
Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No					

Payroll Information

I elect to contribute \$ _____ (up to \$23,000.00) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

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			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
Trillium ESG Global Equity Investor.....	PORTX	PORTX	Medley Prudential Capital Growth Account.....	N/A	V0543A
Templeton Foreign Fund.....	TEMFX	TP-FOR	Medley PSF Stock Index Portfolio.....	N/A	V0573A
Medley PSF Global Portfolio.....	N/A	V0556A	Medley PSF PGIM Jennison Blend Portfolio...	N/A	V0521A
Baron Small Cap Retail.....	BSCFX	BSCFX	Calvert Balanced A.....	CSIFX	CA-SIM
Buffalo Small Cap.....	BUFSX	BUFSX	Fidelity Balanced Fund.....	FBALX	FD-BAL
BNY Mellon Smallcap Stock Index Inv.....	DISSX	DISSX	Vanguard Wellington Fund.....	VWELX	VG-WEL
Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	Medley PSF PGIM 50/50 Balanced Portfolio...	N/A	V0555A
American Century Heritage Inv.....	TWHIX	TWHIX	Medley PSF PGIM Flexible Managed Port.....	N/A	V0567A
BNY Mellon Active MidCap A.....	DNLDX	DR-NLF	Fidelity US Bond Index.....	FXNAX	FXNAX
Parnassus Mid-Cap.....	PARMX	PARMX	Invesco Short Dur Infltn Protected R5.....	ALMIX	AI-LMI
American Century Ultra Inv.....	TWCUX	20-ULT	Janus Henderson Flexible Bond T.....	JAFIX	JA-FLI
Fidelity Growth & Income Fund.....	FGRIX	FD-GI	PIMCO Total Return ESG Instl.....	PTSAZ	PTSAZ
Fidelity Growth Company Fund.....	FDGRX	FD-GRO	Putnam Income Fund.....	PINCX	PT-INA
Fidelity Magellan Fund.....	FMAGX	FD-MAG	Medley PSF PGIM Total Ret Bond Portfolio...	N/A	V0561A
INVESCO Charter R5.....	CHTVX	AI-CHI	Medley PSF PGIM Govt Income Portfolio.....	N/A	V0564A
Invesco American Franchise R5.....	VAFNX	VAFNX	Prudential Fixed Fund.....	N/A	PU-FIX
Parnassus Core Equity Investor.....	PRBLX	PRBLX	MissionSquare PLUS Fund R10.....	N/A	ICVTPL
Vanguard 500 Index Admiral.....	VFIAX	VFIAX	Empower Government Money Market Inst.....	MXGXX	MXGXX
Vanguard Windsor II Fund.....	VWNFX	VG-WII	MUST INDICATE WHOLE PERCENTAGES		= 100%

Last Name

First Name

M.I.

Social Security Number

340304-01

Number

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 (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
<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 (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
<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 to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - 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.

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

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

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.

Last Name

First Name

M.I.

Social Security Number

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Number

Authorized Plan Administrator Approval

Authorized Plan Administrator Signature**Date***A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.***Print Full Name****After all signatures have been obtained, this form can be:****Uploaded electronically to:**

Login to account at
empowermyretirement.com
Click on *Upload Documents* to submit

OR**Sent regular mail to:**

Empower
PO Box 173764
Denver, CO 80217-3764

OR**Sent express mail to:**

Empower
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

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