

**Do not complete this section if you are electing to enroll in the My Total Retirement.**

**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	%
SMART Capital Preservation Fund.....	N/A	MELINC	_____	SMARTPath 2040 Retirement Fund.....	N/A	SMPT40	_____
SMARTPath Retirement Allocation Fund.....	N/A	SMPT00	_____	SMARTPath 2045 Retirement Fund.....	N/A	SMPT45	_____
SMARTPath 2010 Retirement Fund.....	N/A	SMPT10	_____	SMARTPath 2050 Retirement Fund.....	N/A	SMPT50	_____
SMARTPath 2015 Retirement Fund.....	N/A	SMPT15	_____	SMARTPath 2055 Retirement Fund.....	N/A	SMPT55	_____
SMARTPath 2020 Retirement Fund.....	N/A	SMPT20	_____	SMARTPath 2060 Retirement Fund.....	N/A	SMPT60	_____
SMARTPath 2025 Retirement Fund.....	N/A	SMPT25	_____	SMARTPath 2065 Retirement Fund.....	N/A	SMPT65	100
SMARTPath 2030 Retirement Fund.....	N/A	SMPT30	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>
SMARTPath 2035 Retirement Fund.....	N/A	SMPT35	_____				

**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**

<b>100.00%</b>	174-60-2979	Timothy Bousum	11/24/1971
% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
( 617 ) 429-6484		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
Phone Number (Optional)		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" 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**

<b>100.00%</b>	062-68-9517	Maiya Dos	05/03/1972
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
( 617 ) 429-2986		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
Phone Number (Optional)		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" 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.

I understand if I elect to have my account managed by Empower Advisory Group, LLC, 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 My Total Retirement, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the My Total Retirement.

**Compliance With Plan Document and/or the Code** - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. 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.