

# Enrollment Form 457(b) Governmental

Mail Address:  
 Retirement Plan Service Center  
 Hartford Life Insurance Company  
 PO Box 1583, Hartford, CT 06144-1583

Overnight Mail Address:  
 Retirement Plan Service Center  
 Hartford Life Insurance Company  
 200 Hopmeadow Street, Simsbury, CT 06089



Group No: 110147		Social Security No:	
Employer: City of Stamford		Dept/Location:	
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:	State:	Zip:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone:	Work Phone:	Date of Birth:	Date of Hire:

### A. CONTRIBUTIONS

Employee  \$ or % Amount X  Frequency\* =  Annual Contribution

Current Annual Salary \$

- I am utilizing the age 50+ catch-up provision.
- I am utilizing the plan's pre-retirement catch-up provision.  
 My unused deferral limitation is \$   
 My anticipated retirement date is / /

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	<input type="text"/>

### B. SIGNATURES

I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus or disclosure document, whichever is applicable, is acknowledged. Further I wish to participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on the last page of this form.

Signed in the state of  on  Date

Participant Signature

This document has been received and accepted by the Plan Administrator.

Plan Administrator Signature Date

Printed Name of Registered Representative Registered Representative  
 Tax ID/Producer Code

Selling Firm Name Selling Firm Tax ID

### C. INVESTMENT ELECTION

I elect to have my future contributions invested as follows. I understand that this Enrollment Form is to be used to record my initial investment option election and may not be used for investment option transfers or investment option allocation changes. To make investment changes please call 1-800-528-9009 or visit [retire.hartfordlife.com](http://retire.hartfordlife.com).

#### SECTION 1

Selections must be in whole percentages totalling 100%.

- % 5J AIM Leisure Inv Opt
- % JR AIM Real Estate Inv Opt
- % V5 AllianceBernstein International Value Inv Opt
- % 5X American Century Equity Income Inv Opt
- % 5Y American Funds The Growth Fund of America Inv Opt
- % KX Artisan International Inv Opt
- % DB Columbia Small Cap Value II Inv Opt
- % 9P Davis New York Venture Inv Opt
- % 9Q Eaton Vance Large-Cap Value Inv Opt
- % 2V Franklin Small-Mid Cap Growth Inv Opt
- % 10 General Account
- % B6 Goldman Sachs Mid Cap Value Inv Opt
- % 1J Hartford Capital Appreciation HLS Inv Opt
- % 1C Hartford Dividend and Growth HLS Inv Opt
- % 9I Hartford Global Equity HLS Inv Opt
- % 4E Hartford Global Health HLS Inv Opt
- % 2Q Hartford MidCap HLS Inv Opt
- % 1G Hartford Money Market HLS Inv Opt
- % 1D Hartford Mortgage Securities HLS Inv Opt
- % 1I Hartford Small Company HLS Inv Opt
- % 1B Hartford Total Return Bond HLS Inv Opt
- % JH LifePath 2010 Inv Opt
- % JJ LifePath 2020 Inv Opt
- % JK LifePath 2030 Inv Opt
- % JL LifePath 2040 Inv Opt
- % JM LifePath Retirement Inv Opt
- % SB Loomis Sayles Bond Inv Opt
- % 5R MFS High Income Inv Opt
- % BX MFS Research International Inv Opt
- % 5U MFS Utilities Inv Opt
- % UG Oakmark Equity and Income Inv Opt
- % 4U Oppenheimer Global Inv Opt
- % RJ SSgA Russell 2000 Index Inv Opt
- % VX SSgA S&P 500 Index Inv Opt
- % RH SSgA S&P Midcap Index Inv Opt

All investment options may not be available in all jurisdictions. Please consult your Plan Sponsor to determine which are available.



## **Full Disclosure Statement**

### **Arkansas**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

### **Colorado**

“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.”

### **District of Columbia**

“WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

### **Florida**

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

### **Kentucky**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

### **Louisiana**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

### **Maine**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

### **New Jersey**

“Any person who includes any false or misleading information on an application for an insurance policy, is subject to criminal and civil penalties.”

### **New Mexico**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”

### **Ohio**

“Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.”

### **Oklahoma**

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

### **Oregon**

“Any person who knowingly, and with INTENT TO DEFRAUD or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law.”

### **Pennsylvania**

“Any person who knowingly and with intent to defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.”

### **Tennessee**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”