

## Participant Enrollment 401(a) Plan

City of Stockton, 401(	a) Plan						772933-01
Participant Information		I					
Last Name (The name provided MUST match i	First Name the name on file with Service	MI Provider.)			Social Sec	curity Number	
Ma	niling Address				E-Ma	il Address	
City	Sta	ate Zip Code	Mo	Day	Year	☐ Female	☐ Male
( ) Home Phone	( ) Work P	Phone Phone	]	Date of Birtl	<u> </u> h	☐ Married	☐ Unmarried
☐ Check box if you prefer to Spanish.	receive quarterly account	nt statements in					
Do you have a retirement savin	gs account with a previou	ıs employer or an II	RA? 🗆 Yes	s 🗆 No			
Would you like help consolidat at phone #	- to review i	my options and assi	st me with the	he process.	. The best tim		
Payroll Information							
Payroll Ef	fective Date: Mo Day	Year	Date of	_	Mo Day Ye	ar	
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Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

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.

## See below for Participation Agreement and Required Signatures

INVESTMENT O	PTION			INVESTMENT O	PTION		
NAME	TICKER	CODE	<u>%</u>	NAME	<b>TICKER</b>	CODE	<u>%</u>
Vanguard Target Retirement Income Inv	VTINX	VTINX		Vanguard Utilities Index Adm	VUIAX	VUIAX	
Vanguard Target Retirement 2020 Inv	VTWNX	VTWNX		American Beacon Small Cap Value R6	AASRX	AASRX	
Vanguard Target Retirement 2025 Inv	VTTVX	VTTVX		Fidelity Advisor Small Cap Growth Z	FIDGX	FIDGX	
Vanguard Target Retirement 2030 Inv	VTHRX	VTHRX		Fuller & Thaler Behav Sm-Cp Eq R6	FTHFX	FTHFX	
Vanguard Target Retirement 2035 Inv	VTTHX	VTTHX		Vanguard Small Cap Index Adm	VSMAX	VSMAX	
Vanguard Target Retirement 2040 Inv	VFORX	VFORX		BlackRock Mid-Cap Growth Equity Instl		CMGIX	
Vanguard Target Retirement 2045 Inv	VTIVX	VTIVX		Ivy Mid Cap Income Opportunities N	IVOSX	IVOSX	
Vanguard Target Retirement 2050 Inv	. VFIFX	VFIFX		Touchstone Mid Cap Y	TMCPX	TMCPX	
Vanguard Target Retirement 2055 Inv	VFFVX	VFFVX		Vanguard Extended Market Idx Adm	VEXAX	VEXAX	
Vanguard Target Retirement 2060 Inv	VTTSX	VTTSX		Vanguard Mid Cap Index Fund - Admiral	VIMAX	VIMAX	
Vanguard Target Retirement 2065 Inv	VLXVX	VLXVX		Fidelity Total Market Index	FSKAX	FSKAX	
Dodge & Cox International Stock - I	DODFX	DODFX		Fidelity 500 Index	FXAIX	FXAIX	
Fidelity Advisor Intl Real Estate Z	. FIKLX	FIKLX		GMO Quality R6	GQESX	GQESX	
MFS Intl Diversification R6	MDIZX	MDIZX		Morgan Stanley Insight R6	MCRTX	MCRTX	
Morgan Stanley Inst Global Opp R6	MGTSX	MGTSX		Parnassus Core Equity - Inst	PRILX	PRILX	
Morgan Stanley Inst International Opp R6	. MNOPX	MNOPX		Vanguard Equity-Income Adm	VEIRX	VEIRX	
Vanguard FTSE All-Wld ex-US SmCp Idx Adm	VFSAX	VFSAX		Vanguard Growth Index Adm	VIGAX	VIGAX	
Vanguard Developed Markets Index Admiral	VTMGX	VTMGX		American Funds American Balanced R6	RLBGX	RLBGX	
Victory Trivalent International Sm-Cp I	MISIX	MISIX		DFA Inflation-Protected Securities I	DIPSX	DIPSX	
WCM Focused Emerging Markets Instl	WCMEX	WCMEX		PIMCO Income Instl	PIMIX	PIMIX	
TIAA-CREF Real Estate Sec Instl	TIREX	TIREX		Vanguard Interm-Term Bond Index Adm	. VBILX	VBILX	
Vanguard Commodity Strategy Admiral	. VCMDX	VCMDX		Western Asset Core Plus Bond IS	WAPSX	WAPSX	
Vanguard Health Care Index Adm	VHCIX	VHCIX		BrandywineGLOBAL - Corp Credit Fd	BGISX	BGISX	
Vanguard Information Technology Idx Adm	VITAX	VITAX		General Account	. N/A	MGDMD1	
				MUST INDICATE WHOLE PERCENTAGE	CS .		=100%

				772933-01
Last Name	First Name	M.I.	Social Security Number	Number

## **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 my account has been established, I understand that I must call 1-800-701-8255 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established 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 be only processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form.

Participant Signature	Date
A handwritten signature is required on this form. A be accepted and will result in a significant delay.	An electronic signature will not
Authorized Plan Administrator	Date
A handwritten signature is required on this form. A be accepted and will result in a significant delay	In electronic signature will not

**Participant** forward to Plan Administrator **Plan Administrator** forward to Service Provider at: Empower PO Box 56025

PO Box 56025 Boston, MA 02205-6025 Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone#:** 1-800-701-8255

We will not accept hand delivered forms at Express Mail addresses.

## **Print Full Name**

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.