

Enrollment Form

City of Stockton, Deferred Compensation Plan and Trust - a 457 Plan
City of Stockton
61361-1-1

1 Enter your personal information (Please print clearly)

Employee Surviving Beneficiary (attach notice of death form) Alternate Payee (attach a QDRO form)

Participant's Name (First, Middle Initial, Last)

Participant's Social Security Number (SSN)

Street Address

Apt. No.

Birthdate: mm - dd - yyyy

City

State

Zip

()

()

Daytime Phone

Evening Phone

E-mail Address

Male Female

Marital Status: Married Single or Legally Separated

Payroll Frequency: Semi-Monthly (24/Yr) Hire Date ____/____/____

2 Choose your payroll deduction method

Before-Tax Contribution: \$ _____ or _____% (percentages must be in whole 1% increments) of my compensation each pay period for deposit to my before-tax account. Each before-tax contribution amount cannot exceed any applicable limit set by the Plan. In addition, total before-tax contributions to all qualified retirement plan(s) you participate in cannot exceed \$18,000 for the 2016 calendar year.

If you reach age 50 any time during the calendar year or are over 50, you may be eligible to contribute up to an additional \$6,000 as a catch-up contribution for the 2016 calendar year.

Please check with your Plan Administrator.

Decline Plan Participation: I elect to make no contributions (0%) at this time. I understand I may revoke this election at any time or I may change this election as allowed by the Plan.

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3 Choose one of the investment strategies below

Your investment strategies are outlined on the following pages. **Choose the selection that works for you.**

IMPORTANT NOTE: This investment election applies to your rollover and all future contributions. Investment allocation strategies are a convenient way of allocating your account among certain of the plan's individual investment options. Any investment allocation strategies included in these materials are not intended to be investment advice or recommendations to you and may or may not be appropriate for your circumstances. In applying investment allocation strategies to your individual circumstances, you should consider your other assets, income and investments as well as your risk tolerance. If you direct your contributions or current account balance to an investment allocation strategy, your contributions or account balance will be invested in each of the individual investment alternatives in the percentages indicated for the strategy. The plan may offer other investment options not included in the strategies and the individual investment alternatives included in the strategies may also be available on a stand-alone basis. The Investment Portfolio chart lists asset classes, along with their weightings in the allocation strategy. Additional investment options may exist that are not included in the portfolio. When selecting your investments, choose only **ONE** portfolio from any of the strategies, sign the form and you're done **OR** you can select individual investment options (under Option C) and build your own portfolio. See below for a complete list of options. The investment options available in this plan may change at the direction of the Plan Sponsor. Elections made on this form may be modified to follow the intent of those changes. If you choose investments for only one source group, contributions from other sources will be allocated to those chosen investments.

Until you make your investment option selection, all of your contributions will be invested in the Guaranteed Interest Account.

A: Age-Based Investment Option (If you make a selection here, do not make a selection under any other option.)

If you select one of these Asset Allocation investment options, based on the date closest to the year you plan to retire, you are almost done! Check the appropriate box and go to Step 4.

Target Asset Allocation Investment Options are single solutions that offer professional management and monitoring as well as diversification all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date.

Vanguard Target Rtrmnt Incm Fd Vanguard Target Rtrmnt 2020 Fd Vanguard Target Rtrmnt 2030 Fd Vanguard Target Rtrmnt 2040 Fd

or

B: Custom Portfolio Investment Option (If you make a selection here, do not make a selection under any other option.)

Custom portfolios, based on different risk tolerances, have been arranged using the individual funds available to your plan. **The amounts of each individual fund contained in the different Custom Portfolio options are shown on the right side of the following fund list.** If you select one of these Custom Portfolio investment options, you are almost done! Check the appropriate box and go to Step 4.

Short Term Conservative Moderate Aggressive Ultra Aggressive

or

C: Individual Fund Option (If you enter selections here, do not make a selection under any other option.)

First, select the individual funds in which you wish to invest. Then, enter the percentage of your contributions to be invested in each of those funds in the space provided. Make sure selections are whole percentages and total 100%. When they add up to 100%, you are almost done! Go to Step 4.

Investment Options	All Contributions	Rollovers	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
Guaranteed Interest Account	_____ %	_____ %	95%	21%	6%	2%	-
PIMCO Total Return Fund	_____ %	_____ %	3%	25%	17%	7%	-

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Investment Options	All		Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
	Contributions	Rollovers					
Vanguard Totl Bnd Mrkt Indx d	_____ %	_____ %	2%	24%	17%	7%	-
Loomis Sayles Bond Fund	_____ %	_____ %	-	-	-	-	-
Oakmark Equity & Income Fund	_____ %	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt Incm Fd	_____ %	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2020 Fd	_____ %	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2030 Fd	_____ %	_____ %	-	-	-	-	-
Vanguard Target Rtrmnt 2040 Fd	_____ %	_____ %	-	-	-	-	-
American Century Eqty Incm Fd	_____ %	_____ %	-	3%	6%	8%	10%
Vanguard Institutional Indx Fd	_____ %	_____ %	-	3%	6%	9%	11%
Parnassus Core Equity Fund	_____ %	_____ %	-	3%	6%	9%	11%
Hartford Capital Apprec HLS Fd	_____ %	_____ %	-	4%	6%	8%	12%
Fidelity Contrafund	_____ %	_____ %	-	3%	6%	8%	10%
Artisan Mid Cap Value Fund	_____ %	_____ %	-	-	1%	2%	1%
Vanguard Mid Cap Index Fund	_____ %	_____ %	-	2%	6%	6%	7%
Hartford MidCap HLS Fund	_____ %	_____ %	-	-	1%	2%	1%
DFA US Small Cap Value Fund	_____ %	_____ %	-	1%	1%	2%	2%
Vanguard Small Cap Index Fund	_____ %	_____ %	-	3%	6%	7%	9%
Invesco Sm Cap Discovery Fund	_____ %	_____ %	-	1%	1%	2%	2%
Amer Fnds Cap Wld Gr and In Fd	_____ %	_____ %	-	-	1%	2%	3%
AmerFunds EuroPacific Gr Fund	_____ %	_____ %	-	2%	4%	6%	7%
Vanguard Tot Intl Stck Indx Fd	_____ %	_____ %	-	2%	4%	6%	7%
Oppnhmr Developing Markets Fnd	_____ %	_____ %	-	1%	2%	3%	3%
Invesco Real Estate Fund	_____ %	_____ %	-	2%	3%	4%	4%
MFS Utilities Fund	_____ %	_____ %	-	-	-	-	-
Ivy Science and Technology Fd	_____ %	_____ %	-	-	-	-	-
Hartford Healthcare HLS Fund	_____ %	_____ %	-	-	-	-	-

4

Sign, date and return your forms

Please provide your signature and mail to: MassMutual Retirement Services, P.O. Box 219062, Kansas City, MO 64121-9062. After receipt of this form, MassMutual will send you written confirmation once your account is established.

I understand I may revoke this election at any time or I may change this election as allowed by the Plan. I understand that the maximum annual limit on contributions is determined under the Plan document and the Internal Revenue Code. Any amounts contributed may be reduced or returned to me as required by these limitations.



Participant's Signature

Date

IMPORTANT NOTE: IF YOU ENROLL BY MAILING THIS FORM TO MASSMUTUAL, BUT THEN SUBSEQUENTLY CHANGE YOUR ELECTIONS THROUGH THE AUTOMATED PHONE LINE OR THE PARTICIPANT WEBSITE, THE MOST RECENTLY DATED ACTIVITY WILL PREVAIL.

If you have selected an investment strategy and one or more of the strategy's component investments listed on your form has been replaced, any contributions that would have been invested in that component investment will be invested according to the investment allocation in effect at the time the strategy is implemented and the new component will be listed on your confirmation form.

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Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. For this and other information, see the prospectus available from your plan sponsor, on the participant website at www.retiresmart.com or by contacting our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 9:00 p.m. ET, Monday through Friday. Read it carefully before investing.

**If you have elected e-delivery in Section 1 above, you are consenting to receive announcements regarding electronically- available materials for your retirement plan online. A link to the available materials will be contained within the e-mail announcement. Materials referenced within the e-mail announcement may be viewed electronically, or printed via the internet. Documents will be posted either in HTML or PDF format. By signing up for this service, you are verifying that you possess the ability to view and download HTML and PDF documents. These documents are required under Title I of ERISA and may include, for example, a Summary Plan Description, a Summary of Material Modification, individual benefit statements, investment related information, as well as any notice or communication required under the Internal Revenue code including, but not limited to, loan notes, notices of interest parties, and notices of available distribution options. Enrollment in MassMutual's e-delivery notification program will continue as long as your e-mail account remains active, or until you elect to cancel your enrollment. In the event of an invalid or illegible e-mail address, full mailbox, spam settings or if you have selected e-delivery without providing an email address, MassMutual will send printed material via mail. Also, if you have previously established an e-delivery election and have not selected e-delivery on this form, your election will not be canceled. The election or cancellation date of the e-mail notification program may result in notifications remaining in your existing delivery method for a short period of time. Adobe Acrobat Reader version 7.0 or higher is required to view retirement statements. Visit www.adobe.com for a free download.*

*To get the most out of your plan...*You may also roll over your eligible distributions from your prior employer's qualified plan.

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MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) [of which Retirement Services is a division] and its affiliated companies and sales representatives.



457 DEFERRED COMPENSATION PARTICIPATION AGREEMENT

EMPLOYEE INFORMATION: (Please Print)

NAME: _____ DEPARTMENT: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

E-MAIL: _____

RELATIONSHIP STATUS: Married Widowed Divorced Single RDP

I agree to participate in the City of Stockton's Deferred Compensation Plan and be bound by all of its terms and conditions. I acknowledge that my participation in this Plan is voluntary and I agree to provide all information necessary to participate in the Plan. I authorize the City of Stockton to make the following pre-tax payroll deductions each payday:

Employee Voluntary Contributions:

Please indicate contribution amount by \$ or % per payday _____

For investment selections, please attach completed MassMutual Enrollment Form

I understand that my contributions are not to exceed the IRS maximum limits set each year.

I have been enrolled in another Deferred Compensation plan with contributions within this calendar year. [] Yes [] No

Signature of Employee

Date

Employer Use Only:

Date entered into HTE: _____ By: _____

Verified by: _____ Date: _____

DESIGNATION OF BENEFICIARY

PRIMARY BENEFICIARY(IES):

Name: _____ Relationship: _____ %
Name: _____ Relationship: _____ %
Name: _____ Relationship: _____ %
Name: _____ Relationship: _____ %

**If the spouse is NOT designated as the sole Primary Beneficiary,
the Spouse must sign consent.**

CONSENT OF SPOUSE As the Participant's Spouse, I hereby consent to the above designation of beneficiary(ies).	
_____ Signature of Spouse	_____ Signature of Witness

CONTINGENT BENEFICIARY(IES) - Optional

Contingent Beneficiaries are entitled to your Deferred Compensation funds only upon the death of both the Participant and the Primary Beneficiary(ies).

Name: _____ Relationship: _____ %
Name: _____ Relationship: _____ %

Signature of Participant

Date

PLAN ADMINISTRATOR / IRA TRUSTEE CERTIFICATION Certification by IRA Institution for direct and indirect rollovers; Certification by Prior Employer's Plan Administrator for indirect rollovers

This section must be completed by the trustee (or custodian) of the traditional IRA or by the administrator of the eligible employer plan from which the distribution was distributed.

1. The Plan Administrator or Custodian of your **Prior** Plan must complete the certification below.
2. Evidence of the date of Distribution from your Prior Plan or IRA must be provided if the funds are not coming directly from your Prior Plan or IRA, e.g. copy of the original distribution confirmation statement or check stub.

Certification of Prior Plan Administrator or IRA Trustee/Custodian

I, as the Plan Administrator or Trustee/Custodian of the above Plan or IRA, certify that the funds have been distributed from an eligible retirement plan intended to satisfy the requirements of Internal Revenue Code Section 401(a) 403(a) 403(b) 457(b) or IRA qualified under 408(a) and 408(b). I am unaware of any Plan provision or operation that would disqualify the Plan.

 Typed or printed name of Financial Institution Representative or prior Plan Administrator

 Signature of Prior Plan Administrator or Trustee/Custodian

 Date

 Name of Institution

() _____
 Contact Phone Number

 Address

INVESTMENT SELECTION FOR PARTICIPATING OR NON-PARTICIPATING EMPLOYEES

For more complete information about each investment, including charges and expenses, we recommend that you read each investment's prospectus carefully before investing. You can read and print copies for all of your plan's investment options through the RetireSMARTSM participant website at www.massmutual.com/retire. You also may contact our Participant Information Center at 1-800-743-5274 between 8:00 am and 9:00 pm ET, Monday through Friday, to request a prospectus.

The Rollover Contributions will be invested separately from any other contributions to the Plan. If Eligible Employee does not make Investment selections within five days of receipt of rollover contribution, the rollover will be invested in the Plan's default investment selection.

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

<u>Fund</u>	<u>Rollover Contribution</u>	<u>Fund</u>	<u>Rollover Contribution</u>
Guaranteed Interest Account	_____ %	Vanguard Small Cap Index Fund	_____ %
PIMCO Total Return Fund	_____ %	Invesco Small Cap Discovery Fund	_____ %
Vanguard Total Bond Market Index Fund	_____ %	American Funds Capital World Growth and Income Fund	_____ %
Loomis Sayles Bond Fund	_____ %	American Funds EuroPacific Growth Fund	_____ %
Oakmark Equity & Income Fund	_____ %	Vanguard Total International Stock Index Fund	_____ %
Vanguard Target Retirement Income Fund	_____ %	Oppenheimer Developing Markets Fund	_____ %
Vanguard Target Retirement 2020 Fund	_____ %	Invesco Real Estate Fund	_____ %
Vanguard Target Retirement 2030 Fund	_____ %	MFS Utilities Fund	_____ %
Vanguard Target Retirement 2040 Fund	_____ %	Ivy Science and Technology Fund	_____ %
American Century Equity Income Fund	_____ %	Hartford Healthcare HLS Fund	_____ %
Vanguard Institutional Index Fund	_____ %		
Parnassus Core Equity Fund	_____ %		
Hartford Capital Appreciation HLS Fund	_____ %		
Fidelity Contrafund	_____ %		
Artisan Mid Cap Value Fund	_____ %		
Vanguard Mid Capitalization Index Fund	_____ %		
Hartford MidCap HLS Fund	_____ %		
DFA US Small Cap Value Fund	_____ %		

(TOTAL PERCENTAGES MUST EQUAL 100%)