



MassMutual Retirement Services  
PO Box 219062  
Kansas City, MO 64121-9062

First Last  
Street Address 1  
Street Address 2  
City, ST Zip

April 18, 2016

Re: Flathead Valley Community College 457(b) Plan

Enclosed is important information about your retirement plan and investment options. Please review this information carefully.

Sincerely,  
MassMutual Retirement Services



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www.massmutual.com. 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.

RSD1010  
C:18331-02



# Enrollment Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
62149-3-1

## 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

Marital Status:  Married  Single or Legally Separated

Check here to sign up for e-delivery\*

### Plan Administrator Use Only (Form cannot be processed without this required information and signature)

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Plan Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Frequency:  Monthly (12/Yr)  Semi-Monthly (24/Yr)  Bi-Weekly (26/Yr)  Weekly (52/Yr)

Years of credited services as of last plan year end: \_\_\_\_\_ (if this information is **NOT** provided, MassMutual will assume the employee has completed a year of service for each year since hire date.)

As Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature.

Plan Administrator Signature

Date

## 2 Choose your payroll deduction method

**Before-Tax Contribution:** \_\_\_\_% 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.

**Roth Contribution:** \_\_\_\_% of my compensation each pay period for deposit to my Roth account (not to exceed any Roth contribution limits set by the plan; read your summary plan description for more details).

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. xxx

**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.

# Enrollment Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
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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 D) 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.

Until you make your investment selection, your contributions will be invested in the Target Asset Allocation Investment Option listed below which has the target retirement date closest to your 65th birthday. If you are near, at or past your 65th birthday, your contributions will be invested in the target asset allocation investment option that shows no target retirement date. Following your enrollment, you will receive a transaction confirmation that will tell you specifically in which Target Asset Allocation Option your contributions have been invested. Subject to certain restrictions, you may redirect your contributions to any other investment option under the Plan at any time.

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

If you select one of these managed investment options, based on the results of your Investor Profile Quiz, you are almost done! Check the appropriate box and go to Step 4.

*Risk-Based Investment Options are single solutions that offer professional investment management and monitoring as well as diversification, all in one investment.*

MM RetireSMART  
Conservative Fd

MM RetireSMART  
Moderate Fund

MM RetireSMART  
Moderate Gr Fdh

MM RetireSMART Growth  
Fund

or

### B: 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. Your plan is designed to invest your contributions into one of these options as the default investment based on your date of birth and a projected retirement age of 65. You may always choose new investment options at any time.*

MM RetireSMART  
InRetirement Fd

Amrcn Fnds 2010 Trgt Dt  
Ret Fd

Amrcn Fnds 2015 Trgt Dt  
Ret Fd

Amrcn Fnds 2020 Trgt Dt  
Ret Fd

Amrcn Fnds 2025 Trgt Dt  
Ret Fd

Amrcn Fnds 2030 Trgt Dt  
Ret Fd

Amrcn Fnds 2035 Trgt Dt  
Ret Fd

Amrcn Fnds 2040 Trgt Dt  
Ret Fd

Amrcn Fnds 2045 Trgt Dt  
Ret Fd

Amrcn Fnds 2050 Trgt Dt  
Ret Fd

Amrcn Fnds 2055 Trgt Dt  
Ret Fd

American Funds 2060 Tar  
Ret Fd

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## C: 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



## D: 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	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
Premier Money Mrkt Fd (Babson)	_____ %	95%	21%	6%	2%	-
Sel MetWest Total Rtrn Bnd Fd	_____ %	5%	49%	34%	14%	-
Prm Hgh Yld Fd (Babson)	_____ %	-	-	-	-	-
MM RetireSMART Conservative Fd	_____ %	-	-	-	-	-
MM RetireSMART Moderate Fund	_____ %	-	-	-	-	-
MM RetireSMART Moderate Gr Fdh	_____ %	-	-	-	-	-
MM RetireSMART Growth Fund	_____ %	-	-	-	-	-
MM RetireSMART InRetirement Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2010 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2015 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2020 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2025 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2030 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2035 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2040 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2045 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2050 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2055 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
American Funds 2060 Tar Ret Fd	_____ %	-	-	-	-	-
Sel Fndmtl Val Fd (Wellington)	_____ %	-	4%	7%	10%	12%
MM S&P500 Index Fd(Nrthrn Tr)	_____ %	-	10%	18%	26%	34%
Sel Gr Opps Fd (Sands/JSP)	_____ %	-	4%	8%	10%	12%
MM S&PMd Cp Indx Fd (Nrtn Tr)	_____ %	-	2%	8%	10%	9%
MM Rsl 2000 SmCp Idx Fd (N Tr)	_____ %	-	5%	8%	11%	13%
MM MSCI EAFE Intl Idx Fd(N Tr)	_____ %	-	5%	10%	15%	17%
Oppenheimer Internat Gr Fund	_____ %	-	-	1%	2%	3%

# Enrollment Form

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Flathead Valley Community Coll  
62149-3-1

## 4 Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. 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.*

*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](http://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](http://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.

# Beneficiary Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
62149-3-1

1

## Enter your personal information (Please print clearly)

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
		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated

### Plan Administrator Use Only (Beneficiary form cannot be processed without your signature)

I, the plan administrator, certify that the above information is correct, and if a married participant has designated a non-spouse beneficiary, and the Spouse's signature has not been witnessed by a Notary Public, I also certify that I have witnessed the spouse's signature above agreeing to the designation.

Plan Administrator Signature

Date

# Beneficiary Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
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2

## Designate beneficiary(ies) (Check one box only)

A.  **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance upon my death. If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.

Spouse's Name

Spouse's Social Security Number (SSN)

Spouse's Date of Birth: mm - dd - yyyy

or

B.  **Non-Spouse or Multiple Primary Beneficiaries:** I would like the following person(s) to receive my entire account balance upon my death. (If division is other than equal shares, write in whole percentages totaling 100%.)

Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%

### Contingent Beneficiary (Optional)

If no Primary Beneficiary listed on the front of this form is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.) NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on the participant website. Plan Administrator: Please retain a copy of this form in your files.

_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage
_____	_____	_____	_____%
Beneficiary Name	Social Security Number	Relationship	Percentage

3

## Provide spousal consent (If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent below.)



# Beneficiary Form

Flathead Valley Community College 457(b) Plan  
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I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Commission Expires

**4**

## Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. After receipt of this form, MassMutual will send you written confirmation once your account is established.

**X**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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# Rollover Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
62149-3-1

## 1 Enter your personal information (Please print clearly)

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
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated		<input type="checkbox"/> Check here to sign up for e-delivery*

### Plan Administrator Use Only (Form cannot be processed without this required information and signature)

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Frequency:  Monthly (12/Yr)  Semi-Monthly (24/Yr)  Bi-Weekly (26/Yr)  Weekly (52/Yr)

I certify that the above Rollover Contribution was an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 401(b) tax-sheltered annuity plan, traditional IRA, or 457(b) government plan.

Plan Administrator Signature

Date

## 2 Supply your rollover contribution information

TAXABLE PORTION  
(include investment income)

Amount of Rollover Contribution: \$ \_\_\_\_\_

### Roth Rollover

Please contact your Plan administrator regarding whether or not the type of money you are rolling over is allowed in the plan.

Name of Prior Plan: \_\_\_\_\_

Amount of Rollover Contribution: Roth Contributions \$ \_\_\_\_\_ + Roth Earnings \$ \_\_\_\_\_ = Total Rollover \$ \_\_\_\_\_

**Note: Roth Contributions can only be rolled over as part of a direct rollover from a Roth 401(k) plan. Roth IRA Contributions cannot be rolled over to a Roth 401(k) plan.**

**Roth Rollover Information:** Complete only one.

This is a Roth qualified distribution (I am at least 59½, or the distribution is the result of death or disability the required 5-taxable-year period was satisfied)

The Roth contribution start date is: \_\_\_\_\_ (enter first taxable year in which Roth contributions were made or based upon a previous rollover contribution, if earlier)

# Rollover Form

**Flathead Valley Community College 457(b) Plan**

**Flathead Valley Community Coll**

**62149-3-1**

I certify that this distribution is not (a) one of a series of substantially equal payments payable over my life or single life expectancy or the joint life or joint life expectancies of myself and my designated beneficiary; (b) one of a series of installment payments payable over 10 years or more; (c) all or part of a required minimum distribution; (d) a distribution due to financial hardship; (e) a return of any excess deferrals, excess contributions, excess aggregate contributions or excess annual additions made to the plan; or (f) a deemed distribution due to a loan default. Finally, I certify that this rollover is being accomplished within 60 days of my receipt of the distribution from my prior employer's qualified retirement plan.

---

**PAYMENT:** Make payable to State Street Bank. Include the employee's last 4 digits of the social security number and the new plan's account number on the check

Check attached

Wire or Check sent separately to MassMutual Retirement Services by the Prior Plan.

**Provide a completed Direct Rollover Request form to your Prior Plan Administrator for wiring or mailing instructions.**

**PLEASE CALL: 1-888-526-6905, if you have any questions.**

**MAIL TO: MassMutual Retirement Services, P.O. Box 219062, Kansas City, MO  
64121-9062**

# Rollover Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
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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 D) 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.

Until you make your investment selection, your contributions will be invested in the Target Asset Allocation Investment Option listed below which has the target retirement date closest to your 65th birthday. If you are near, at or past your 65th birthday, your contributions will be invested in the target asset allocation investment option that shows no target retirement date. Following your enrollment, you will receive a transaction confirmation that will tell you specifically in which Target Asset Allocation Option your contributions have been invested. Subject to certain restrictions, you may redirect your contributions to any other investment option under the Plan at any time.

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

If you select one of these managed investment options, based on the results of your Investor Profile Quiz, you are almost done! Check the appropriate box and go to Step 4.

*Risk-Based Investment Options are single solutions that offer professional investment management and monitoring as well as diversification, all in one investment.*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> MM RetireSMART<br>Conservative Fd | <input type="checkbox"/> MM RetireSMART<br>Moderate Fund | <input type="checkbox"/> MM RetireSMART<br>Moderate Gr Fdh | <input type="checkbox"/> MM RetireSMART Growth<br>Fund |
|--|--|--|--|

or

### B: 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. Your plan is designed to invest your contributions into one of these options as the default investment based on your date of birth and a projected retirement age of 65. You may always choose new investment options at any time.*

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> MM RetireSMART<br>InRetirement Fd | <input type="checkbox"/> Amrcn Fnds 2010 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2015 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2020 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2025 Trgt Dt<br>Ret Fd |
| <input type="checkbox"/> Amrcn Fnds 2030 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2035 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2040 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2045 Trgt Dt<br>Ret Fd | <input type="checkbox"/> Amrcn Fnds 2050 Trgt Dt<br>Ret Fd |
| <input type="checkbox"/> Amrcn Fnds 2055 Trgt Dt<br>Ret Fd | <input type="checkbox"/> American Funds 2060 Tar<br>Ret Fd |  |  |  |

# Rollover Form

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or

## C: 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

## D: 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	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
Premier Money Mrkt Fd (Babson)	_____ %	95%	21%	6%	2%	-
Sel MetWest Total Rtrn Bnd Fd	_____ %	5%	49%	34%	14%	-
Prm Hgh Yld Fd (Babson)	_____ %	-	-	-	-	-
MM RetireSMART Conservative Fd	_____ %	-	-	-	-	-
MM RetireSMART Moderate Fund	_____ %	-	-	-	-	-
MM RetireSMART Moderate Gr Fdh	_____ %	-	-	-	-	-
MM RetireSMART Growth Fund	_____ %	-	-	-	-	-
MM RetireSMART InRetirement Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2010 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2015 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2020 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2025 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2030 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2035 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2040 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2045 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2050 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
Amrcn Fnds 2055 Trgt Dt Ret Fd	_____ %	-	-	-	-	-
American Funds 2060 Tar Ret Fd	_____ %	-	-	-	-	-
Sel Fndmtl Val Fd (Wellington)	_____ %	-	4%	7%	10%	12%
MM S&P500 Index Fd(Nrthrn Tr)	_____ %	-	10%	18%	26%	34%
Sel Gr Opps Fd (Sands/JSP)	_____ %	-	4%	8%	10%	12%
MM S&PMd Cp Indx Fd (Nrtn Tr)	_____ %	-	2%	8%	10%	9%
MM Rsl 2000 SmCp Idx Fd (N Tr)	_____ %	-	5%	8%	11%	13%
MM MSCI EAFE Intl Idx Fd(N Tr)	_____ %	-	5%	10%	15%	17%
Oppenheimer Internat Gr Fund	_____ %	-	-	1%	2%	3%

# Rollover Form

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62149-3-1

## 4 Sign, date and return your forms

*I certify that the above Rollover Contribution was an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 401(b) tax-sheltered annuity plan, traditional IRA, or 457(b) government plan.*



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.*

*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](http://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](http://www.adobe.com) for a free download.*

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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.





# 403(b) Plan Exchange and Transfer Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
62149-3-1

## Information To Be Completed By Participant

Please complete a separate form for each 403(b) provider from which you want to execute a contract exchange ("exchange") or plan to plan transfer ("transfer"). Complete this section, read the section titled Investment of Exchanged/Transferred Amounts, sign and send the form to MassMutual at the address provided below. MassMutual will send the form to the 403(b) provider you identify.

### 1 Enter your personal information (Please print clearly)

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
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### 2 Provide current trustee/custodian's information (Please print clearly)

Name of Current Annuity Provider/Custodian (First, Middle Initial, Last)		
Street Address	Street Address 2	
City	State	Zip
( )	( )	
Phone	Resigning Trustee/Custodian Account No.	
Amount of Exchange/Transfer: <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation		
Specify Amount or Percentage: \$ _____ or _____ %		

### Internal Use Only

Form Received On	Initials	To Do #	Funds Received	Initials
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# 403(b) Plan Exchange and Transfer Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
62149-3-1

## Information To Be Completed By Previous Investment Provider

Please provide a breakdown of the transferred amount by contribution source; then read the section on payment instructions. **If contribution source information is not provided, transferred amounts will be considered employee salary reduction contributions and earnings. If historical values are not provided, the entire transferred amount will be considered as attributable to post December 31, 1988 earnings.**

1. Total salary reduction balance	\$ _____	4. Total after-tax balance	\$ _____
12/31/1988 balance	\$ _____	Pre-1987 net contributions	\$ _____
Post 1988 net contributions	\$ _____	Post-1986 net contributions	\$ _____
2. Total employer match balance	\$ _____	5. Total rollover balance	\$ _____
3. Total employer non-elective balance	\$ _____	After-Tax net contributions	\$ _____
		6. Surrender Charge	\$ _____

*Note the amount of any surrender charge or penalty imposed on this transfer.*

## 3 Employer Confirmation

(403(b) Plan Sponsor name) hereby certifies that:

- 1) It maintains a retirement program for eligible employees that is intended to qualify under section 403(b) of the Code and authorizes transfers and exchanges within or into the plan.
- 2) It maintains (or will maintain by January 1, 2009) a written plan document containing the terms and conditions of the plan and will enter into an information Sharing Agreement with the issuer (MassMutual) by January 1, 2009.
- 3) The distribution restrictions imposed under the receiving 403(b) contract are not less stringent than those imposed by the 403(b) contract prior to the exchange or transfer.
- 4) The accumulated benefit under the receiving contract is at least equal to the accumulated benefit under the prior contract immediately before the exchange or transfer.
- 5) In the case of a transfer, the participant is an employee or former employee of the employer for the receiving plan.
- 6) It will notify MassMutual if it ceases to be an eligible employer under section 403(b) of the Code, no longer maintains the 403(b) plan, changes any of the distribution options under the plan (i.e. hardship, loans, in-service, etc.) or of any other information pertinent to the operation of the plan.

\_\_\_\_\_  
Plan Sponsor Signature

\_\_\_\_\_  
Date

## Acceptance Of Transfer

Massachusetts Mutual Life Insurance Company agrees to accept the assets exchanged or transferred from the current Trustee/Custodian and deposit them in the participant's account under the 403(b) plan's group custodial agreement in accordance with the provisions of the Internal Revenue Code of 1986, as amended, on behalf of the above named individual.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# 403(b) Plan Exchange and Transfer Form

Flathead Valley Community College 457(b) Plan  
Flathead Valley Community Coll  
62149-3-1

## Completed Form And Payment Instructions

Checks should be made payable to "State Street Bank as Custodian for the (Plan Name)" or "State Street Bank for the benefit of (Participant's Name)."

Payment and a copy of this form should be sent directly from the previous investment provider to:

MassMutual Retirement Services  
PO Box 219062  
Kansas City, MO 64121

## Investment Of Exchanged/Transferred Amounts

All amounts exchanged or transferred to Massachusetts Mutual Life Insurance Company will be invested in your investment option selections on record at the time the transfer is received. If there is no investment selection on record, your exchanged/transferred funds will be allocated to your employer-selected default fund. You can access your account information to make investment selection changes or to transfer funds between investments anytime through the participant website, [www.retiresmart.com](http://www.retiresmart.com), by calling the automated toll-free telephone service, at 1-800-743-5274.

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## Sign, date and return your forms

I hereby request an exchange/transfer that is solely attributable to amounts from a Section 403(b) annuity contract, a Section 403(b)(7) custodial account, and/or a Section 403(b)(9) retirement income account. The amounts to be exchanged/transferred to a group custodial account with Massachusetts Mutual Life Insurance Company are 100% vested. This exchange/transfer is intended to qualify as a federal income tax-free direct transfer between Section 403(b) annuity contracts or accounts. I understand that this exchange/transfer of Section 403(b) funds from one Section 403(b) investment provider to another and that the assets shall remain in the MassMutual custodial account under my employer's plan until I attain a distributable event. I understand that the exchanged or transferred funds will continue to be subject to any distribution restrictions imposed on them prior to the transfer by Section 403(b)(11) or Section 403(b)(7)(A)(ii). I acknowledge that money invested in the group custodial account with MassMutual cannot be exchanged or transferred to other investment providers while I am still an active employee. I, the undersigned, instruct the above-mentioned trustee/custodian to liquidate my account, in the amount indicated, and send the proceeds to MassMutual Retirement Services. Furthermore, I hereby authorize the above-mentioned trustee/custodian to release directly to a MassMutual representative either telephonically, in writing or electronically, any requested information pertaining to my account, including the dollar amount of any surrender charge or similar charge that relates to my account.

X

Participant's Signature

Date

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