

Enrollment Form

Modern Business Associates

Group Number:		Social Security Number:		Location Code: <small>(Plan Sponsor Use Only)</small>	
Employee Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last:			First:		M.I.
Address:			Phone Number:		
City:		State:		Zip:	
Date of Birth:	Marital Status (S or M):		Date of Hire:	Date of Eligibility:	

CONTRIBUTIONS

- I elect to contribute _____% of my Before-Tax compensation each payroll period. (Must be a whole percentage.)
- I do not elect to contribute to the plan at this time.
- I have a previous retirement account I would like to rollover into this plan. (Please complete the enclosed Rollover Submission Form.)

INVESTMENT ELECTION

I elect to have all future contributions invested among the investment options I have selected below. (Must total 100%- Whole percentages only.) 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.

- | | |
|---|---|
| _____ % JR - AIM Real Estate | _____ % 1B - Hartford Total Return Bond HLS |
| _____ % 7A - AllianceBernstein Global Technology | _____ % JH - LifePath 2010 |
| _____ % V5 - AllianceBernstein International Value | _____ % JJ - LifePath 2020 |
| _____ % CG - American Funds Capital Income Builder | _____ % JK - LifePath 2030 |
| _____ % N4 - American Funds Capital World Growth and Income | _____ % JL - LifePath 2040 |
| _____ % 5Y - American Funds The Growth Fund of America | _____ % JM - LifePath Retirement |
| _____ % 9P - Davis New York Venture | _____ % RL - Lord Abbett Small Cap Blend |
| _____ % 9Q - Eaton Vance Large-Cap Value | _____ % MW - MFS Core Growth |
| _____ % RX - Franklin Small Cap Value | _____ % 8N - SEI Stable Asset |
| _____ % 8E - Goldman Sachs Government Income | _____ % SN - Thornburg Core Growth |
| _____ % B6 - Goldman Sachs Mid Cap Value | _____ % WW - Van Kampen Small Cap Growth |
| _____ % 1A - Hartford Index HLS | _____ % V2 - Victory Special Value |

SALARY REDUCTION AGREEMENT - 401(k) Plans

If elected above, by execution of this Enrollment Form, I authorize my Employer to make contributions to the Plan by reducing my compensation as elected. This agreement shall continue in effect while I am employed by the Employer or until it is changed in accordance with the terms of the Plan. I understand that the terms of the Plan may provide the Employer with the authority to reduce or cease my 401(k) contributions to ensure the Plan satisfies the requirements of Section 401(k) of the Internal Revenue Code.

SIGNATURES

I understand that these elections will be effective as soon as administratively feasible. I understand that the investment options are offered under a group variable annuity contract issued by Hartford Life Insurance Company. I understand that the value of my plan account under this contract is variable, is not guaranteed, and is subject to the investment experience of the various investment options I have selected. I understand my account may be subject to additional fees as directed by my Plan Sponsor.

Employee Signature

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

Plan Administrator Signature

_____/_____/_____
Date

_____/_____/_____
Date

**FOR INITIAL
ENROLLMENT
ONLY**

Please retain a copy for your records.

Beneficiary Designation Form

Modern Business Associates

Group Number:	Social Security Number:
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EMPLOYEE INFORMATION

Last Name:	First:	M.I.
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Are you currently married?

Yes If you designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below. In addition, if applicable, the Plan Administrator may require you to complete a qualified preretirement survivor annuity waiver.

No

Receipt of this form in the offices of your Employer cancels all prior beneficiary designations and spousal consent filed with your Employer. No change of Beneficiary will take effect until this request has been received in good order by your Employer.

BENEFICIARY INFORMATION

Upon your death, all proceeds from the Plan will be paid to your beneficiary(ies) in the order specified below. Only you, the participant, may change this designation. If you do not designate a beneficiary, or your beneficiary and spouse, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Please type or print the following information for each beneficiary:

Primary Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

Contingent Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

PLEASE SEE THE REVERSE SIDE FOR EXAMPLES OF PROPER BENEFICIARY DESIGNATIONS

I hereby designate the person(s) listed above as my beneficiary(ies) under the Plan.

Employee Signature

_____/_____/_____
Date

Spousal Consent Agreement – To be completed if Primary Beneficiary is other than spouse (if applicable)

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

Spousal Signature

_____/_____/_____
Date

Signature of Witness (Plan Administrator or Notary Public)

_____/_____/_____
Date

TO BE RETAINED BY PLAN ADMINISTRATOR