

HRSA-ILA Annuity & Savings Plan New Enrollment

Account Number **SF 51506 - 1 - 1**

Participant's Name _____
first middle last

Participant's Address _____
street

city state zip
Social Security No. _____ Birth Date: ____/____/____
mo day yr

Sex (optional): Male Female

Marital Status: Married Single Legally Separated Divorced

TO BE COMPLETED BY THE PLAN ADMINISTRATOR:

Current Date: ____/____/____ (For MassMutual: Current Date equals the entry date.)
mo day yr

INVESTMENT SELECTION (In 1% increments only)

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

| | | | |
|---------------------------------------|---------|--------------------------------------|---------|
| SF Guaranteed | _____ % | MM S&P 500 Index Fund (Nrtn Trust) | _____ % |
| Prm Core Bond (Babson) | _____ % | Sel Blue Chip Growth (T. Rowe Price) | _____ % |
| RetireSMART Conservative | _____ % | Sel Gr Opps (Sands/JSP) | _____ % |
| RetireSMART Moderate | _____ % | Prm OppenheimFds Sm Cp Opp II | _____ % |
| RetireSMART Moderate Grth | _____ % | Sel SmCapGrth (W&R/WIngtn/Mnt) | _____ % |
| RetireSMART Growth | _____ % | Sel Focused Value (Harris) | _____ % |
| Sel Black Rock (Global Allocation II) | _____ % | Sel Mid Cap Growth II (TRP/Frontier) | _____ % |
| Sel Large Cap Value (Huber/BwHnly) | _____ % | Premier Global (OFI) | _____ % |
| Small Cap Value (Invesco) | _____ % | MM MSCI EAFE Index (Nrtn Trust) | _____ % |

(TOTAL PERCENTAGES MUST EQUAL 100%)

Cruise Control will rebalance your investments on a quarterly basis to maintain the percentages you have selected above.

To get the most out of your plan...

- consider how much you want to contribute and complete the Deferred Salary Agreement--the more you contribute, the greater your tax benefits now and the bigger your nest egg can be at retirement.
- consider your investment needs and objectives based on your age, earnings and other resources.

Be an informed investor...

The investments listed above are a convenient, sensible way for you to take advantage of the capital market. Your money is combined, "pooled," with the money of other participants to seek a common financial goal. After receipt of this form, MassMutual will send you a Personal Data Confirmation report. You should also keep a copy of this form for your records.

Investment flexibility...

You can later change your investment selection by completing the transaction yourself using FLASHSM, via the telephone (1-800-743-5274) or the Internet (www.massmutual.com/retire), which is available to you 24 hours a day, 7 days a week. MassMutual cannot guarantee FLASHSM phoneline availability during periods of high demand. You may change your investment selection of future contributions daily and you may transfer previously contributed amounts between investments daily at no charge.

**COMPLETE SECOND PAGE
Form A&S-2**

BENEFICIARY DESIGNATION

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance at my death.

Spouse's name: _____

Note: In the event of divorce, your designation of your former spouse as beneficiary shall automatically be terminated, unless you re-designate that person as your Designated Beneficiary.

2. **Non-Spouse Primary Beneficiary:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages.)

| Name | Social Security # | Relationship | Percent |
|------|-------------------|--------------|---------|
| Name | Social Security # | Relationship | Percent |
| Name | Social Security # | Relationship | Percent |

If you are married and you have not elected your spouse as primary beneficiary, your spouse must provide consent below.

SPOUSAL CONSENT. 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.

Spouse's Signature

_____/_____/_____
Date

Notary Public/Plan Official Signature

Date

_____/_____/_____
Date Commission Expires

(THE SPOUSAL CONSENT SECTION MUST BE COMPLETED)

Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages.)

| Name | Social Security # | Relationship | Percent |
|------|-------------------|--------------|---------|
| Name | Social Security # | Relationship | Percent |

SIGNATURES

Participant

_____/_____/_____
Date

Witness (The witness must be someone other than the beneficiary)

Please mail, email or fax to:

Participant Services
HRSA-ILA

Email: participant.services@hrsa-ila.com

1355 International Terminal Blvd

Fax: (757) 423-1205

Norfolk, VA 23505

If the form is not totally completed it will be returned to you for completion.

Plan Administrator

_____/_____/_____
Date