



Participant Enrollment 403(b) Plan

Roman Catholic Archdiocese of ATL 403(b) Church Plan

745636-01

Participant Information Talcott Resolution Life Insurance Company is the Issuing Company

Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

Mailing Address

City State Zip Code

() ()
Home Phone Work Phone

()
Mobile Phone

☐ Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? ☐ Yes ☐ No

Would you like help consolidating your other retirement accounts into your account with Empower? ☐ Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to your Plan's provisions.

Payroll Information

- ☐ I elect to contribute \$_____ (up to \$23,500.00) per pay period of my compensation as Before Tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
- ☐ I elect to contribute \$_____ (up to \$23,500.00) per pay period of my compensation as Roth contributions to the 403(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Location Name

Location Number

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

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.

INVESTMENT OPTION

NAME	TICKER CODE	%
JPMorgan SmartRetirement Inc Inv Opt A..... N/A	S1153A	_____
JPMorgan SmartRetirement 2025 Inv Opt A.... N/A	S1210A	_____
JPMorgan SmartRetirement 2030 Inv Opt A.... N/A	S1037A	_____
JPMorgan SmartRetirement 2035 Inv Opt A.... N/A	S1138A	_____
JPMorgan SmartRetirement 2040 Inv Opt A.... N/A	S1194A	_____
JPMorgan SmartRetirement 2045 Inv Opt A.... N/A	S1211A	_____
JPMorgan SmartRetirement 2050 Inv Opt A.... N/A	S1099A	_____

INVESTMENT OPTION

NAME	TICKER CODE	%
Ave Maria Rising Dividend Inv Opt..... N/A	S1025A	_____
American Funds American Mutl Inv Opt R3.... N/A	S1292A	_____
American Funds FndI Investors Inv Opt R3.... N/A	S1307A	_____
Amercn Fnd The Grw Fd of Amr Inv Opt R3... N/A	S1191A	_____
Calvert Equity Inv Opt A..... N/A	S1101A	_____
BNY Mellon S&P 500 Index Inv Opt INDEX... N/A	S1203A	_____
Franklin Growth Inv Opt A..... N/A	S1341A	_____

Last Name

First Name

M.I.

Social Security Number

Number

INVESTMENT OPTION

NAME	TICKER CODE	%
JPMorgan SmartRetirement 2055 Inv Opt A....	N/A S1049A	_____
American Funds EuroPac Grwt Inv Opt R3....	N/A S1158A	_____
American Funds New Perspectiv Inv Opt R3....	N/A S1281A	_____
MFS Intl Intrinsic Value Inv Opt R3.....	N/A S1088A	_____
Invesco Global Inv Opt A.....	N/A S1285A	_____
BNY Mellon SmCap Stock Index Inv Opt INV.	N/A S1166A	_____
Invesco Small Cap Equity Inv Opt A.....	N/A S1142A	_____
JPMorgan Small Cap Value Inv Opt A.....	N/A S1120A	_____
BNY Mellon Midcap Index Inv Opt INV.....	N/A S1082A	_____
Eaton Vance Atlanta Capital SMID-Cap A.....	N/A S6603A	_____
Victory Sycamore Estblsh Value Inv Opt A.....	N/A S1023A	_____
Timothy Plan LrgMidCap Value Inv Opt A.....	N/A S1063A	_____

INVESTMENT OPTION

NAME	TICKER CODE	%
Massachusetts Investors Trust Inv Opt R3.....	N/A S1017A	_____
Nuveen Equity Index Retirement.....	N/A S1170A	_____
Nuveen Large Cap Growth Index Retirement...	N/A S1013A	_____
Nuveen Large Cap Value Index Retirement....	N/A S1000A	_____
American Funds Capl Inc Build Inv Opt R3....	N/A S1268A	_____
Calvert Bond Inv Opt A.....	N/A S1294A	_____
BNY Mellon Bond Market Index Inv Opt INV..	N/A S1197A	_____
Lord Abbett Total Return Inv Opt A.....	N/A S1079A	_____
MFS Government Securities Inv Opt R3.....	N/A S1075A	_____
Invesco International Bond Inv Opt A.....	N/A S1277A	_____
PIMCO Real Return Inv Opt A.....	N/A S1044A	_____
General Account.....	N/A TGBJA3	_____

MUST INDICATE WHOLE PERCENTAGES

= 100%

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts 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 group annuity contract issued and/or 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 I have received investment option information, including prospectuses and other disclosure documents, 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 an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf 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 only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

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. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator Approval

Authorized Plan Administrator Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

empowermyretirement.com

Click on *Upload Documents* to submit

OR

Sent regular mail to:

Empower

PO Box 56025

Boston, MA 02205-6025

OR

Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.