



**Participant Enrollment
Governmental 457(b) Plan**

Prince George's County Deferred Compensation Plan and Trust

767522-01

Participant Information

<p>_____ Last Name</p> <p>_____ First Name</p> <p>_____ MI</p> <p><i>(The name provided MUST match the name on file with Service Provider.)</i></p> <hr/> <p style="text-align: center;">Mailing Address</p> <hr/> <p style="text-align: center;">City State Zip Code</p> <p>() ()</p> <p>_____ Home Phone</p> <p>_____ Work Phone</p>	<p>_____ Social Security Number</p> <hr/> <p style="text-align: center;">E-Mail Address</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Mo Day Year Mo Day Year</p> <p>_____ Date of Birth _____ Date of Hire</p>
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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 8 a.m. to 10 p.m. Eastern time). *Rollovers are subject to your Plan's provisions.

Payroll Information

I elect to contribute \$ _____ (up to \$20,500.00) per pay period of my compensation as Deferred Salary contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

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

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.

Select either an Asset Allocation Model (A) or your own investment options (B).

(A) Asset Allocation Model Selection - only one model can be selected

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
PGC Aggressive	<input type="checkbox"/>	PGC Moderate	<input type="checkbox"/>
PGC Conservative	<input type="checkbox"/>	PGC Ultra Aggressive	<input type="checkbox"/>
PGC Moderate Conservative	<input type="checkbox"/>		

(B) Select Your Own Investment Options

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
American Century Strat Alle Cnsrv Inv.....	TWSCX	_____	Invesco Real Estate A.....	IARAX	_____
American Century Strat Alle: Mod Inv.....	TWSMX	_____	American Century Small Cap Value Inv.....	ASVIX	_____
American Century Strat Alle: Agrsv Inv.....	TWSAX	_____	Columbia Small Cap Index A.....	NMSAX	_____
American Funds 2010 Trgt Date Retire R6.....	RFTTX	_____	Ivy Small Cap Growth Y.....	WSCYX	_____
American Funds 2015 Trgt Date Retire R6.....	RFJTX	_____	Columbia Mid Cap Index A.....	NTIAX	_____
American Funds 2020 Trgt Date Retire R6.....	RRCTX	_____	JPMorgan Mid Cap Growth R6.....	JMGMX	_____
American Funds 2025 Trgt Date Retire R6.....	RFDTX	_____	Victory Sycamore Established Value A.....	VETAX	_____

Last Name

First Name

M.I.

Social Security Number

INVESTMENT OPTION

NAME	TICKER CODE	%
American Funds 2030 Trgt Date Retire R6.....	RFETX	RFETX
American Funds 2035 Trgt Date Retire R6.....	RFFTX	RFFTX
American Funds 2040 Trgt Date Retire R6.....	RFGTX	RFGTX
American Funds 2045 Trgt Date Retire R6.....	RFHTX	RFHTX
American Funds 2050 Trgt Date Retire R6.....	RFITX	RFITX
American Funds 2055 Trgt Date Retire R6.....	RFKTX	RFKTX
American Funds 2060 Trgt Date Retire R6.....	RFUTX	RFUTX
American Funds 2065 Trgt Date Retire R6.....	RFVTX	RFVTX
American Funds EuroPacific Gr R3.....	RERCX	RERCX
Hartford International Opp HLS IA.....	HIAOX	HIAOX
Northern International Equity Index.....	NOINX	NOINX
Invesco Developing Markets A.....	ODMAX	ODMAX

INVESTMENT OPTION

NAME	TICKER CODE	%
American Century Equity Income Inv.....	TWEIX	TWEIX
American Century Ultra Investor.....	TWCUX	TWCUX
JPMorgan US Equity A.....	JUEAX	JUEAX
MassMutual Blue Chip Growth Admin.....	MBCLX	MBCLX
Vanguard 500 Index Admiral.....	VFIAX	VFIAX
Invesco Equity and Income A.....	ACEIX	ACEIX
Hartford Total Return Bond HLS IA.....	HIABX	HIABX
Lord Abbett Short Duration Income A.....	LALDX	LALDX
PIMCO Income Adm.....	PIINX	PIINX
PIMCO Real Return Admin.....	PARRX	PARRX
Templeton Global Bond A.....	TPINX	TPINX
General Account.....	N/A	MGDJD1

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 transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options 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 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 investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

PGC Aggressive - ODMAX 6% HIAOX 6% NOINX 5% RERCX 5% MGDJD1 9% TPINX 5% PARRX 3% VFIAX 11% TWCUX 9% TWEIX 11% NTIAX 5% PIINX 5% VETAX 5% HIABX 3% WSCYX 4% IARAX 4% ASVIX 4%

PGC Conservative - HIAOX 5% MGDJD1 66% TPINX 5% PARRX 2% MBCLX 6% TWEIX 9% PIINX 5% HIABX 2%

PGC Moderate Conservative - HIAOX 4% NOINX 3% RERCX 3% MGDJD1 46% TPINX 5% PARRX 2% VFIAX 8% TWCUX 5% TWEIX 7% NTIAX 4% PIINX 5% VETAX 3% HIABX 2% ASVIX 3%

PGC Moderate - ODMAX 4% HIAOX 4% NOINX 4% RERCX 4% MGDJD1 20% TPINX 7% PARRX 3% VFIAX 10% MBCLX 6% TWEIX 8% NTIAX 5% PIINX 7% VETAX 5% HIABX 3% WSCYX 3% IARAX 3% ASVIX 4%

PGC Ultra Aggressive - ODMAX 8% HIAOX 7% NOINX 7% RERCX 6% TPINX 5% VFIAX 13% TWCUX 11% TWEIX 13% NTIAX 6% PIINX 5% VETAX 5% NMSAX 3% WSCYX 3% IARAX 5% ASVIX 3%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

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.

Last Name

First Name

M.I.

Social Security Number

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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

empower.com/pgcountyClick 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. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.