



**THE
HARTFORD**

Enrollment Form

- Use this form to enroll in your employer's Plan. Please read Section F-Important Information before completing this form.
- Complete the form even if you choose not to enroll because your employer may make contributions for your benefit and you need to indicate how they should be invested. If no election is made, contributions will be invested at your employer's or other plan fiduciary's direction. Additionally, if your Plan has an automatic enrollment feature and you fail to complete this form, you may be automatically enrolled in the Plan at a future date.
- Changes to your existing account balance may be made on our website or by calling The Hartford's Customer Service Center. Changes can also be made on forms available through your Plan Sponsor.
- Please note, The Hartford can not process this form until it is received in good order. Please see the Important Information Section for information on "Good Order" requirements.

Questions?

Call
The Hartford's Customer
Service Center
1-800-854-0647

Fax
800-220-2913

Online
[thehartford.com/retireme
ntplans/access](http://thehartford.com/retiremen
tntplans/access)

Section A - Plan Information (Plan Administrator Completes)

Plan ID 110523033	Plan Name Angels of Care 401K Plan
Plan Contact	Daytime Phone Number

Section B - Employee Information (Employee Completes)

Social Security Number	Employee Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Legal Address			
City	State	Zip Code	
Date of Birth	Daytime Phone Number	Type of Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> Re-hire	Date of Hire/Re-hire
Plan Administrator use only:	Location Code	Plan Entry Date	

Section C - Contribution Elections (Employee Completes)

Refer to your Plan's Summary Plan Description for a description of the types and applicable limitations on Plan employee contributions and to determine if your Plan provides for a separate deferral election from bonuses.

I do not elect to contribute to the plan at this time. Please sign in Section E.

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.

Section D - Future Contribution Investment Elections (Employee Completes)

I elect to have all future contributions invested among the investment options I have selected below.

- Cash _____ % 0080000 Fixed Fund
- Bond _____ % 0082111 MFS Bond R2
- _____ % 0086002 PIMCO Real Return R
- _____ % 0086009 PIMCO Total Return R
- Asset allocation _____ % 0089544 Hartford Target Retirement 2010 R3
- _____ % 0089545 Hartford Target Retirement 2020 R3
- _____ % 0089546 Hartford Target Retirement 2030 R3
- _____ % 0089723 Hartford Target Retirement 2040 R3
- _____ % 0089726 Hartford Target Retirement 2050 R3
- _____ % 0082929 MFS Aggressive Growth Allocation R2
- _____ % 0082926 MFS Conservative Allocation R2
- _____ % 0082928 MFS Growth Allocation R2
- _____ % 0082934 MFS Lifetime Retirement Income R2
- _____ % 0082927 MFS Moderate Allocation R2
- U.S. Stocks _____ % 0081032 AllianceBernstein Small-Mid Cap Value R
- _____ % 0085283 American Funds Growth Fund R1
- _____ % 0081105 DWS RREEF Real Estate Securities R
- _____ % 0089511 Hartford Capital Appreciation R3
- _____ % 0081250 Hartford Mid Cap R3
- _____ % 0089345 Lord Abbett Developing Growth R2
- _____ % 0081189 Oppenheimer Gold & Special Minerals N
- International Stocks _____ % 0085298 American Funds New World Fund R1
- _____ % 0088666 Columbia Seligman Global Technology R
- _____ % 0082932 MFS International Diversification R2
- _____ % 0086197 Templeton Foreign R

(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. I also understand that if I fail to establish investment elections, my future contributions may be invested as directed by the Plan Administrator until I change my future investment allocation under the Plan's procedures.

Section E - Signatures (Both Employee & Plan Administrator Complete)

I understand that the elections selected on this form will be effective in accordance with the terms of the Plan (or as soon as administratively feasible) for each payroll period that this election is in effect, and that all future contributions will be invested in investment options as I directed above that are available under the Plan, unless I revoke or modify this election in writing or via The Hartford's website, Voice Response Unit (VRU) or Customer Service Center. I understand that once an amount is contributed, the tax basis of the contribution may not be changed and that the value of my Plan account under the contract is variable, is not guaranteed, and is subject to the investment experience of variable investment options I have selected. I further understand that my account may be subject to additional fees as directed by my Plan Sponsor.

Employee Signature

Date

This document has been received and accepted by the Plan Administrator

Plan Administrator Signature

Date

Section F (Important Information)

Participants must submit this form to their Plan Representative for authorization. The Hartford will not process this form if incomplete and/or without Plan approval

Good Order- "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction (if required) and the Plan Sponsor has provided their signature authorizing The Hartford to process the transaction requested on the form.

The Hartford - "The Hartford" is Hartford Retirement Services, LLC and it's affiliates.

Stale Address – It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our web site thehartford.com/retirement/plans/access and select the change address link under your personal settings.

Summary Plan Description (SPD) - Before submitting this form, please review the SPD for the Plan, including the limitations on contributions, if the Plan provides for a separate deferral election from bonuses, when you can revoke or change your contribution election, and when you may take a

Beneficiary Designation Form

Use this form if you want to:

- add a primary or contingent beneficiary to your account
- change an existing primary or contingent beneficiary

If you do not complete, sign (including spouse signature, if applicable), and submit this form to the plan administrator, you will not have a valid beneficiary designation. If you do not have a valid *Beneficiary Designation Form* on file, the Plan document will determine the designated beneficiary upon your death. Please refer to Beneficiary Designation Instructions on page 3 for more information about designating a beneficiary.

• **Married Participants** – If you want to designate a beneficiary other than your spouse, you must obtain spousal consent for that designation. If you divorce or become legally separated, please contact your Plan Administrator to determine whether the divorce or separation automatically results in removal of your former spouse, as beneficiary.

• **Unmarried Participants** – If you are unmarried at the time you complete this form and later marry, this form will no longer be valid once the Plan recognizes your spouse. At that time if you want to name someone other than your spouse as designated beneficiary, you will need to complete a new form and obtain spousal consent.

Note: If your plan's normal form of benefit is an annuity, please contact your Plan Administrator to obtain a copy of a Qualified Pre-Retirement Survivor Annuity Notice. If you are married, your spouse has survivor rights to your account that are important for you to understand before you complete this form. Refer to your plan's Summary Plan Description to determine the normal form of benefit.

Section A - Plan Information

Plan ID 110523033	Plan Name Angels of Care 401K Plan
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Section B - Participant Information

Social Security Number	Participant Name	Daytime Phone Number	
Legal Address	City	State	Zip Code
Marital Status: (select one) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Date of Hire		

Section C - Primary Beneficiary

I hereby name the following as my Primary Beneficiary(ies) to receive the Plan's death benefit upon my death:

Name and address of Primary Beneficiary(ies)	SSN or Taxpayer ID No.	Date of Birth	Relationship	Whole Percent
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%

Total 100%

Section D - Contingent Beneficiary

In the event there is no living Primary Beneficiary(ies) upon my death, I hereby name the following as my Contingent Beneficiary(ies):

Name and address of Contingent Beneficiary(ies)	SSN or Taxpayer ID No.	Date of Birth	Relationship	Whole Percent
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other_____	%

Section E - Participant Certification and Authorization (you must sign this section)

I, the participant, hereby instruct the Plan to distribute my death benefit to the designated beneficiary(ies) herein. I acknowledge that:

- If I am married, I must obtain spousal consent if all or a portion of my death benefit is to be paid to someone other than my spouse.
- **If the Plan's normal form of benefit is an annuity**, I have read the Qualified Pre-Retirement Survivor Annuity Notice and provided a properly executed waiver. If not, this designation is not valid.
- I reserve the right to revoke or change any beneficiary designation (with spousal approval, if applicable) by submitting a new form.
- This form is not valid if it is not received by the Plan in good order before my death and/or if there is no Primary or Contingent beneficiary(ies) living upon my death.
- This form supersedes any prior beneficiary designation and, if my beneficiary designation is valid under the Plan, identifies all current Primary and Contingent beneficiary(ies).
- I understand that if I do not provide a valid beneficiary designation, and the Plan does not provide for a default beneficiary, then my beneficiary will be my estate.

Participant's Signature

Date

Section F - Spousal Consent (complete only if the participant is married)

I certify that I am the spouse of the participant and I hereby voluntarily consent to the participant's (i.e., my spouse) beneficiary designation herein. I acknowledge that:

- If the Plan's normal form of benefit is an annuity, I have received and read the Qualified Pre-Retirement Survivor Annuity Notice.
- I understand the effect of such beneficiary designation is to cause my spouse's (i.e. the Participant) death benefit, or portion of it, to be paid to a beneficiary other than me.
- Each beneficiary designation is not valid unless I consent to it.
- My consent is irrevocable unless my spouse revokes the beneficiary designation.

Participant Spouse's Signature

Date

Section G - Witness Certification and Signature (Plan Administrator or Notary completes)

I certify that the married participant's spouse personally appeared before me and acknowledged that she/he signed the Section G - Spousal Consent as her/his free act and deed.

If the plan administrator does not witness the spouse's signature, a Notary must witness it.

If witnessed by a Notary Public the Signature/Stamp must be also provided below for this form to be considered valid.

Signature of Witness (Plan Administrator or Notary Public)

If signed by a Notary Public, please complete the following:

Sworn before me this day: _____

In the State of _____, County of _____

Commission Expiration Date: _____

Notary Public stamp here:

Participants must submit this form to the Plan Administrator.

Beneficiary Designation Instructions

A beneficiary is a person, institution, charitable organization, or irrevocable or revocable trust named by you, the participant, to receive payment of benefits provided under the Plan in the event of your death. You may designate more than one Primary Beneficiary who will share in the Plan's death benefit. You may also designate one or more Contingent Beneficiary(ies). A Contingent Beneficiary would receive payment only if the Primary Beneficiary(ies) you named were not able to receive payment at the time that payment was to be made.

The beneficiary designation should not include wording such as "either/or" or "and/or." Use only whole-number percentages equaling 100%. For example, designations such as 33 1/3 or 33.3 are not acceptable. If there is more than one designated beneficiary the percent payable under each category must add up to 100%.

Beneficiary Names: A married individual should be indicated by their full given name and not that of his/her spouse. For example: use Jane Doe and not Mrs. John Doe.

Multiple Beneficiaries: If you name more than one beneficiary in either the Primary or Contingent Beneficiary category, beneficiaries in the affected category will share equally unless otherwise indicated.

Naming Your Estate: If you designate your estate as the beneficiary you must indicate on the beneficiary form "PAY TO THE ESTATE OF...". You should contact a tax or estate planner before designating your estate as your designated beneficiary.

Naming a Trust: If you designate a revocable or irrevocable trust as your beneficiary, please include the trust's name and address, the date the trust was created, the trustee's name and the trust's Tax Identification Number on the Beneficiary Designation Form. A copy of the executed trust agreement should also be provided to the Plan Administrator at the time of your designation. Please note there are special required distribution rules that apply to trusts under Treasury regulations §1.401(a)(9)-4. You should contact a tax or estate planner before designating a trust as your designated beneficiary.

Naming a Minor: If you designate a minor as your beneficiary, you must generally provide information about the appointed guardian (or custodian under the minor beneficiary's state Uniform Gift (or Transfer) to Minor Act) who will act on the behalf of the minor's property from the date of your death until the minor attains legal age. Provide the minor beneficiary's social security number. You cannot designate unborn children as beneficiaries. You should contact a tax or estate planner before designating a minor as your designated beneficiary.

If you would like to name more than four primary and four contingent beneficiaries, make a copy of page 1 and attach it to this form.



**THE
HARTFORD**

Rollover Contribution Form

Use this form to submit a rollover contribution to the Plan.

Please read Section G - Important Information before completing this form.

- You must already be enrolled in your Employer's Plan at The Hartford before submitting this form. This form may not be used for changes to your investment elections.
- Your current Plan Administrator will need to verify that you are eligible to make a rollover contribution and that the amount to be rolled into the Plan is an eligible rollover contribution under the terms of the Plan and the Internal Revenue Code. See your Plan Administrator for more information. If the rollover contribution is allowed and if you have not already done so, contact your prior Plan Administrator or IRA provider to initiate the Rollover distribution process.
- Return this form and rollover contribution check, if applicable, to your current Plan Administrator. Your check will be deposited and the rollover contribution allocated to your account once it is approved and received by The Hartford.
- This form will be valid for 90 days from the date of receipt at The Hartford. Please note, The Hartford cannot process your request if incomplete.

Questions?

Call
The Hartford's Customer
Service Center
1-800-854-0647

Fax
800-220-2913

Online
[thehartford.com/retirementplans/ac
cess](http://thehartford.com/retirementplans/access)

Section A - Plan Information (Plan Administrator Completes)

Plan ID 110523033	Plan Name Angels of Care 401K Plan
Plan Contact	Daytime Phone Number

Section B - Participant Information (Participant Completes)

Social Security Number	Participant Name	Date of Birth	Daytime Phone Number
*Legal Address	City	State	Zip Code

*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or as described under "Stale Address" in the Important Information Section.

Section C - Investment Election (Participant Completes)

Please select either 1 or 2.

1. My rollover contribution will be invested in my **current investment elections in the plan**. If I have not completed an Enrollment Form under this Plan, my rollover contribution will be invested in the Plan's default investment option. I understand it is my responsibility to provide investment and/ or exchange instructions through my Employer; by accessing my account on-line at thehartford.com/retirementplans/access; or by calling The Hartford's Customer Service Center at 1-800-854-0647.

2. My rollover contribution will be invested in accordance with my investment elections below. (must be whole percentages that total 100%)

Note: This option cannot be used if you are currently investing in an Asset Allocation Model or to select a model

Investment 1: _____ %	Investment 6: _____ %
Investment 2: _____ %	Investment 7: _____ %
Investment 3: _____ %	Investment 8: _____ %
Investment 4: _____ %	Investment 9: _____ %
Investment 5: _____ %	Investment 10: _____ %

TOTAL 100%

ROLLOVER

Section D - Rollover Information (Plan Administrator Completes)

Amount of rollover contribution check is \$ _____ Note: The amount you roll over must be from an eligible retirement plan or an IRA.

Source of the Rollover:

Prior Plan or Account Name: _____ Prior Provider: _____

Indicate whether this rollover contribution is from an IRA or eligible retirement plan (indicate the type of plan).

- 401(a) plan (including 401(k), money purchase, profit sharing, defined benefit plans)
- 403(b) plan
- Governmental 457(b) plan (special requirements may apply - see your tax advisor)
- Traditional IRA (non-Roth) - the amount rolled over consists entirely of pre-tax contributions and earnings
- Other – State Type: _____

Spousal Beneficiary Rollover Information (complete if applicable)

- This rollover represents proceeds from my deceased spouse's eligible retirement plan.
- This rollover represents a distribution payable to me as a spouse (or former spouse) alternate payee as a result of a QDRO.

Traditional After-tax or Roth Rollover Information (complete if applicable)

Traditional After-tax Rollover (only permitted as a direct rollover from an eligible retirement plan)

- \$ _____ of the rollover represents after tax employee contributions ("cost basis")
- \$ _____ of the rollover represents after tax earnings (if there is a loss, indicate with a minus ('-') sign)

Roth After-tax Rollover (only permitted from an eligible retirement plan)

- \$ _____ of the rollover represents Roth After-tax contributions ("cost basis"). Calendar Year the first Roth contribution was made to distributing plan was 20 _____.
- \$ _____ of the rollover represents Roth earnings (if there is a loss, indicate with a minus ('-') sign)

Note: Cost basis and earnings will be separately accounted for within your rollover account(s) unless other instructions are provided in an attachment. This is required to ensure that Roth basis and earnings are accounted for separately from the non-Roth portions of the account.

Section E - Participant Request and Signature

As a former participant in the eligible retirement plan or as owner of the IRA referenced above, I confirm that:

- (1) the prior plan is either a Traditional IRA (non-Roth) or an eligible retirement plan which qualifies this contribution as an eligible rollover;
- (2) the prior plan or IRA has satisfied such requirements as this Plan may have established for the purpose of reasonably concluding the eligibility for its acceptance of the rollover contribution amount under this Plan; and
- (3) I understand that these rollover contributions once deposited in this Plan, will be subject to all provisions of this Plan, including distribution restrictions.

Participant Signature

Date

Section F - Plan Administrator Authorization

I hereby confirm the Plan's acceptance of eligible rollover contributions of this type and authorize that this rollover contribution be invested as elected by the participant. In the absence of participant investment elections or instructions, the rollover contribution will be invested into the Plan's default investment designated by the Plan Sponsor or Plan Fiduciary. I authorize The Hartford to allocate the rollover contribution into the participant's account in accordance with the description of the rollover type and the taxable and non-taxable or cost basis amounts indicated in Section D - Rollover Information. I also confirm that the acceptance of this rollover contribution into the Plan is a result of the Employer's nondiscriminatory policies with respect to the limits (if any) on the type of rollover contributions that may be accepted by the Plan and in accordance with the Plan document; and that it constitutes a related or unrelated rollover (check the appropriate box). In the absence of an election, the rollover contribution will be deemed to be unrelated. I certify that the address in the Section B above is the participant's current address of record and I authorize The Hartford to update its records, if necessary, to reflect this address. I also agree to indemnify and hold harmless The Hartford, and if applicable, the trustee, Reliance Trust Company, from and against any loss, liability, cost or expense (including, without limitation, counsel fees and expenses in connection with the contest or settlement of any claim) that any one of them might incur or sustain, or discover that they have incurred or sustained, by reason of any claim which might be made against any of them as a result of these rollover contributions.

Plan Administrator's Signature _____ Date _____

Print Name _____

¹ An unrelated rollover is generally one that is initiated by an employee and has its source in a plan maintained by a different employer. A related rollover generally comes from and goes to a plan of the same employer. Details of these rules are contained in Treasury regulations (Sec. 1.416-1). Please discuss them with your tax or legal advisor if you have any questions.

Mail the approved form and check to The Hartford using the following addresses. Please make the check payable to Hartford Life Insurance Company, FBO your name, Social Security Number, and the Plan's ID Number.

Regular Mail

The Hartford
P.O. Box 55274
Boston, MA 02205-5274

Overnight Mail

The Hartford
31 St. James Avenue, Suite 600
Boston, MA 02116-4190

Section G - Important Information

Rules for Rollovers - The amount you roll over must represent an eligible rollover distribution from certain types of eligible retirement plans and Traditional IRA's that are allowed as a rollover contribution into this Plan by your Plan Sponsor. Note for a Traditional IRA rollover only the amount that otherwise would have been taxable (had it been paid directly to the individual account owner and not rolled over) can be rolled over from a Traditional IRA into an eligible retirement plan. In determining the amount that can be rolled over from a Traditional IRA, all of the individual's Traditional IRA's are aggregated and the total taxable amount at the time of the rollover is the maximum that can be rolled over into a retirement plan. See your tax advisor for more information. Your Plan Administrator may ask you for documentation to prove the amount rolled into the Plan from a Traditional IRA is eligible

As a result of recent tax law changes, it has become possible to transfer assets between different types of retirement plans in the form of a direct or indirect rollover. Please check with your current Plan Administrator to confirm the types of rollover contributions accepted by this Plan, as the Plan may restrict certain rollover types.

After-tax and Roth Rollovers - A rollover of traditional after-tax or Roth after-tax amounts generally can only be made to a defined contribution plan if it is processed as a 'direct rollover'. This means that the traditional after-tax or Roth after-tax amount could not have been paid to you and then rolled over, but must have been paid directly to this Plan. However, Roth taxable earnings can be rolled over even if the amount was paid directly to you. Also, if the rollover is from a Governmental 457(b) plan, or property (assets other than cash) was distributed, special requirements may apply and you should contact your tax advisor before initiating any rollover.

Indirect Rollovers - If this request represents an indirect rollover contribution (you have received this money from a prior eligible retirement plan or from a Traditional IRA as a check payable to you), you must have received the rollover distribution no more than 60 days before the date your rollover contribution is received by the Plan. However, this requirement can be waived in some hardship circumstances, in accordance with IRS guidance. See your tax advisor for more information.

Traditional IRA or Roth IRA Rollover - Nondeductible contribution rollovers or Roth rollovers cannot be made to this Plan from a Traditional or Roth IRA.

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our web site at thehartford.com/retirement-plans/access and select the change address link under your personal settings.

Investing Your Rollover - Before investing, consider the fund's investment objectives, risks, charges and expenses. For a prospectus containing this and other information, log on to your account and click on "Pricing and Performance," visit the fund company's website or call the fund company. Please read the prospectus carefully. You may change your investment elections at any time by accessing the Hartford's website or calling the Customer Service Center.

