

Hartford Life Insurance Company Enrollment Record

Retirement Plan Service Center
 PO Box 1583, Hartford, CT 06144-1583
 Fax Number: 860-843-3577

HRR



EMPLOYEE INFORMATION

Group No: 751731	Social Security No:	Employer: Diocese of Palm Beach, Inc.	Dept./Location:	
Employee Name: (Last, First, M.I.)			Phone Number:	
Mailing Address:		City:	State:	Zip:
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Hire:	Date of Eligibility:	

CONTRIBUTION ELECTIONS

Please refer to the Plan or contact your Plan Sponsor for information about the deferral options under the Plan.

Elective Deferrals - I will be contributing \$ _____ or _____ % of my compensation, each payroll period on a before-tax basis.

The above information is for The Hartford's records only. This does not replace a Salary Deferral Agreement which may be required by your Employer.

I am utilizing the age 50+ catch-up provision.

INVESTMENT ELECTION

I elect to have my future contributions invested as follows. Complete section 1 or 2. You may select either from investment choices available under the group variable annuity contract under The Hartford's Program in Section 1 or one Asset Allocation Model in Section 2. I understand that this 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. To make investment changes please call 1-800-528-9009 or visit retire.hartfordlife.com.

SECTION 1 SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%.

- | | |
|--|---|
| _____ % 5Y American Funds The Growth Fund of America Inv Opt | _____ % 7V MFS Value Inv Opt |
| _____ % WN Columbia Acorn Inv Opt | _____ % K6 Perkins MidCap Value Inv Opt |
| _____ % LR Dreyfus Small Cap Stock Index Inv Opt | _____ % PP PIMCO Real Return Inv Opt |
| _____ % RX Franklin Small Cap Value Inv Opt | _____ % BL PIMCO Total Return Inv Opt |
| _____ % 10 General Account | _____ % HE Putnam International Capital Opportunities Inv Opt |
| _____ % 6R Invesco International Growth Inv Opt | _____ % 2X Templeton Foreign Inv Opt |
| _____ % IP JPMorgan Small Cap Growth Inv Opt | |

SECTION 2 Model My Goals Asset Allocation Model Program (Check Only One Model)

You may choose to invest your entire plan account balance and future contributions according to one of the optional asset allocation model portfolios ("Models") made available and designed by your Plan Sponsor and indicated below. You can find a description of each Model and a listing of the funds in each asset class category of the Model in the Model My Goals section of your enrollment kit. Your Plan Sponsor has selected the funds for the asset class categories for each Model. Your Plan Sponsor may make changes to the funds in the Models from time to time. If you elect to invest your plan account balance according to one of the Models below, you are allocating 100% of your Plan participant account balance and all future contributions to the Model you choose. The Models are rebalanced annually.

I select this portfolio for my account.

- Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative

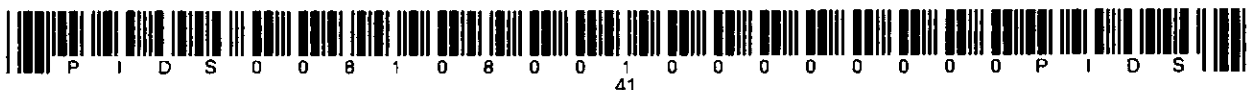
Please check one box to indicate how you completed this Form.

Self Enrollment I understand and acknowledge that the investment elections indicated in the Investment Election section of this Enrollment Record are based on my own investment analysis and are not the result of any recommendation made to me by a Registered Representative.

Registered Representative Assisted Enrollment If you checked this box, please respond to the following question.

Will the annuity applied for replace one or more existing annuity or life insurance contracts?

Yes - IF YES, a completed notice of replacement must be submitted. No



SIGNATURES

I understand that all values provided by the contract, when based on investment experience of the named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus is acknowledged. I acknowledge that I have read and understand the state-specific Fraud Warning Statement, or the NAIC Model Fraud Statement, as applicable. **Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I understand and acknowledge that the investment elections indicated in the Investment Election section of this form are based on my own investment analysis and are not the result of any recommendation made to me by a Registered Representative.

Signed in the State of _____ on _____
Date Participant Signature

Registered Representative Signature Printed Name of Registered Representative Registered Representative Tax ID/Producer Code

Selling Firm Name Selling Firm Tax ID