



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

NEW MEMBER ENROLLMENT FORM FOR COMMONWEALTH EMPLOYEES

On behalf of the State Retirement Board I would like to welcome you as a member of the **Massachusetts State Employees' Retirement System ("MSERS")**. The potential benefits available through the retirement system will be some of the most valuable you may have as a public employee.

I would encourage you to visit the Board's web site at mass.gov/retirement to review our **Retirement Benefit Guide** which provides a summary of the retirement benefits available to you. You can also access our online Pension Calculator to get an approximation of your future retirement benefits.

If you are employed by the Commonwealth, you are also eligible to join the **Massachusetts Deferred Compensation SMART Plan**. This optional supplemental retirement savings program offers you a convenient way to build savings for your future while enjoying tax benefits today. Enrollment information is attached to these materials. If you have additional questions, please contact a local SMART Plan representative to learn more. Please email SMART@Empower-Retirement.com or call 877-457-1900 (option 0).

Another resource to be aware of is the **SMART Retirement & Beyond Seminars**, which are held state-wide during the year exclusively for Massachusetts State Employees. Members learn about the features and latest updates related to their pension benefits, health insurance, and the benefits of investing in the Massachusetts Deferred Compensation SMART Plan. For more information, or to register for a seminar, visit mass.gov/retirement and click on the SMART Retirement & Beyond Seminars link located in the left hand column under "What We Do."

Understanding your retirement benefits at this stage of your service with the Commonwealth may be equally, if not more, important to you than when you contemplate retirement or separation from service.

Please fully complete the **New Member Enrollment Form** that is attached and return it to your agency's Human Resource or Payroll office. We ask that you pay particular attention to the **Beneficiary Designation** section. The information you provide will be reviewed by Board staff to confirm your eligibility as a member of the MSERS.

If you have any questions concerning your retirement benefits, please call the State Retirement Board staff at (617) 367-7770 or e-mail us at srb@tre.state.ma.us. Once again, welcome and I wish you the best in your future endeavors.

Sincerely,

Deborah B. Goldberg,
Treasurer and Receiver General, Chair

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THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

COMMONWEALTH AGENCY
NEW MEMBER
ENROLLMENT FORM

SECTION A TO BE COMPLETED BY MEMBER - **SECTION B** TO BE COMPLETED BY AGENCY
PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print)		Former Name		SSN	
Street Address		Date of Birth		Gender: M <input type="checkbox"/>	
City	State	Zip Code	Phone Number		F <input type="checkbox"/>
E-Mail					
Marital Status:					
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If Divorced , are you subject to a Qualified Domestic Relations Order?			
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Date of Birth	
				Spouse Name	
Are you a Veteran?		The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.		Employment Position	
<input type="checkbox"/> Yes	<input type="checkbox"/> No			Start Date	
Dates of Military Service				Agency or Department	
A copy of your military discharge may be requested				Agency Phone Number	

2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.

3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?

☐ Yes ☐ No

4. STATEMENT AND SIGNATURE OF MEMBER

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees' Retirement System. This statement is signed under penalties of perjury.

Member Signature

Date

Continued on reverse

NEW MEMBER ENROLLMENT FORM - PAGE 2

SECTION A (CONTINUED)

5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

A beneficiary blank with corrections or erasures is not acceptable

Give Complete Name and Address of Each Beneficiary

Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

**Must Total 100% - If Contingent Please Specify*

6. PLEASE SIGN BELOW

Member Signature

Date

Witness Signature

Witness may not be beneficiary

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or mass.gov/retirement.

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: _____ Start Date: _____

Position: _____ Start Date: _____

State Police Start Date: _____ Date of First Deduction: _____ ☐ New ☐ Transfer

Rate to be deducted for retirement: ☐ 5% ☐ 7% ☐ 8% ☐ 9% ☐ 12%

Service Status: ☐ Full-Time ☐ Part-Time _____% ☐ Temp/Sub _____ ☐ Other _____

Authorized Signature

Date

Agency and Payroll Number



Massachusetts Deferred Compensation
SMART Plan

QUICK ENROLLMENT FORM
GOVERNMENTAL 457(b) PLAN
98966-01

Upon completion, the following
SMART Plan Quick Enrollment Form

can be either faxed to
1-781-890-2919, or mailed to:
Empower Retirement
255 Bear Hill Road
Waltham, MA 02451

Questions? Email SMART@Empower-Retirement.com
or call
1-877-457-1900 (option 0)

PLEASE NOTE: DO NOT SEND THE
SMART PLAN QUICK ENROLLMENT FORM
TO THE MASSACHUSETTS RETIREMENT BOARD.
THANK YOU

PARTICIPANT FAX TO: 1-781-890-2919 (or) **MAIL TO:** Empower Retirement™, 255 Bear Hill Road, Waltham, MA 02451

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Massachusetts Deferred Compensation SMART Plan

QUICK ENROLLMENT FORM
GOVERNMENTAL 457(b) PLAN
98966-01

PARTICIPANT INFORMATION **PLEASE SELECT ONE OPTION**

- ☐ 1) **YES**, I would like to contribute 3% of my salary on a pre-tax basis to the Massachusetts Deferred Compensation SMART Plan to supplement my retirement benefit.*
- ☐ 2) **YES**, I would like to contribute _____% of my salary on a pre-tax basis to the Massachusetts Deferred Compensation SMART Plan to supplement my retirement benefit.*
- ☐ 3) **NO**, I do not wish to supplement my retirement benefit by contributing any portion of my salary to the Massachusetts Deferred Compensation SMART Plan at this time. I understand there is a ten year creditable service vesting period for members of the separate state retirement system and I am not contributing to Social Security as a state employee.

*If you elect to supplement your retirement benefit you will be defaulted into a SMART Plan custom target date fund based on your date of birth and an assumed retirement age of 65. (See the chart at the end of this form.) Additional information about the SMART Plan and options available to you can be found at www.mass-smart.com.¹

Last Name		First Name		MI
Address - Number & Street				
City		State	Zip Code	
() Home Phone		() Work Phone		

Social Security Number				
E-Mail Address				
<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Female <input type="checkbox"/> Male
Mo	Day	Year		Mo Day Year
Date of Birth		Date of Hire		

Payroll Center Name & Number		Division Name & Number	
Do you have a retirement account with a previous employer or an IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like help consolidating your other retirement accounts into your SMART Plan account? <input type="checkbox"/> 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 8:00 A.M. to 6:00 P.M. EST). *Rollovers are subject to your Plan's provisions.			

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund, I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. The Plan has selected a TARGET DATE portfolio of funds as its default investment fund. Until such time as you choose investment options for your Plan account, your contributions will be invested in the fund within this portfolio that most closely corresponds to certain factors in your profile. For more information, please contact your GWS Representative. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

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 understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at www.mass-smart.com or by calling the Voice Response System at 1-877-457-1900.¹ A personal identification number (PIN) that gives you access to your account via the Web or phone will be mailed to you soon after your application is processed. You are responsible for keeping the assigned PIN confidential. Please contact us if you suspect unauthorized use.

My Account: 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 from 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 the notification forward and not on a retroactive basis.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

X Participant Signature _____ Date _____

Continued on reverse

PARTICIPANT FAX TO: 1-781-890-2919 (or) MAIL TO: Empower Retirement™, 255 Bear Hill Road, Waltham, MA 02451

Last Name _____ First Name _____ M.I. _____ Social Security Number _____ 98966-01
 Number

Date of Birth	SMARTPath Retirement Funds	Expected Retirement Date Range
1993 or after	SMARTPath 2060 Retirement Fund	2058 or after
1988-1992	SMARTPath 2055 Retirement Fund	2053-2057
1983-1987	SMARTPath 2050 Retirement Fund	2048-2052
1978-1982	SMARTPath 2045 Retirement Fund	2043-2047
1973-1977	SMARTPath 2040 Retirement Fund	2038-2042
1968-1972	SMARTPath 2035 Retirement Fund	2033-2037
1963-1967	SMARTPath 2030 Retirement Fund	2028-2032
1958-1962	SMARTPath 2025 Retirement Fund	2023-2027
1953-1957	SMARTPath 2020 Retirement Fund	2018-2022
1948-1952	SMARTPath 2015 Retirement Fund	2013-2017
1943-1947	SMARTPath 2010 Retirement Fund	2008-2012
1938-1942	SMARTPath 2005 Retirement Fund	2003-2007
1937 or before	SMARTPath Retirement Allocation Fund	2002 or before

Please note that if a date of birth is not included on this form, or otherwise on file when your account is created, the date of birth assigned to your SMARTPlan account will be the date of account creation, which will result in your allocations being set to the SMARTPath 2060 Retirement Fund. You may change your investment allocations by calling 877-457-1900 or accessing your account online through www.mass-smart.com¹.

¹ Access to KeyTalk and/or any website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades/maintenance or other reasons. Transfer requests made via the website and/or KeyTalk received on business days prior to close of the New York Stock Exchange (4:00 p.m. Eastern Time or earlier on some holidays or other special circumstances) will be initiated at the close of business the same day the request was received. The actual effective date of your transaction may vary depending on the investment option selected.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement[™] refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

PARTICIPANT FAX TO: 1-781-890-2919 (or) **MAIL TO:** Empower Retirement[™], 255 Bear Hill Road, Waltham, MA 02451