

**Contingent Beneficiary**

Name (Last Name, First Name, Initial)	Social Security Number	Date of Birth (Mo., Day, Yr.)	Relationship to Participant	% Share
Address		City	State	Zip Code

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**Section D: Investment Election**

Please ensure that the investment instructions provided below are accurate. Sentinel Benefits Group, Inc. will be relying on your instructions to allocate your future contributions, or, if applicable, your rollover contributions.

- Please Note:
1. The investment options listed below have been chosen by representatives of the Program Committee
  2. The share values in these Mutual Funds depend on market performance and are NOT guaranteed.
  3. Both Employee and Employer matching contributions will be invested in the same manner.

**IMPORTANT ELECTION INSTRUCTIONS:**

Your allocation to any *fund* must not be less than 5% and must total 100%.

Investment Category	Contributions	Self-Directed Investment Accounts (listed in order of low to high risk)
Money Market	_____ %	Fidelity Retirement Money Market Fund
Gov't Bond	_____ %	American Funds U.S. Gov't Securities A
Corporate Bond	_____ %	PIMCo Total Return Admin.
Balanced	_____ %	Oppenheimer Quest Balanced Value A
Large-cap Value	_____ %	Davis NY Venture A
Large-cap Blend	_____ %	Calvert Social Inv. Equity A
Large-cap Blend	_____ %	Fidelity Dividend Growth
Lg-cap Growth	_____ %	America Funds Growth Fund of America A
Mid-cap Value	_____ %	Oakmark Fund
Mid-cap Growth	_____ %	MFS Mid-Cap Growth
Sm-cap Value	_____ %	Fidelity Low-Priced Stock
Sm-cap Growth	_____ %	Managers Special Equity
World Stock	_____ %	Oppenheimer Global A
	<b>100%</b>	

**Signature** Participant: \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this Participant Enrollment Form, I am agreeing to open a 403(b) custodial account (the "Account" or "my account") with Reliance Trust Company as custodian. The account is governed by the document entitled "Massachusetts Teachers Association 403(b) Individual Custodial Account Agreement" (the "Agreement") as amended from time to time. I acknowledge receiving a copy of the Agreement (and the explanatory booklet entitled "Your Retirement Plan Guide"), and I understand the contractual terms governing my Account.

I acknowledge and agree to the following:

1. The mutual funds listed above were selected by the committee to provide investment options for my voluntary 403(b) contributions and any matching employer contributions in accordance with the collective bargaining agreement covering me. My participation is voluntary, and I agree that I have sole responsibility for the investment results that I achieve by choosing to participate in this program and by selecting the mutual funds in which my Account will be invested. Neither the custodian, Sentinel Benefits Group, Inc., the Committee, nor the Massachusetts Teachers Association has any fiduciary or other responsibility for my selection of mutual fund investments for my Account, provides any investment advice, or has any liability for any investment results I receive.
2. I have received the current prospectus for each of the mutual funds I have chosen. I understand that mutual funds can go up or down in value and that no investment results are guaranteed. Also, I understand that mutual funds are not insured against loss or decline in value by any governmental agency or insurance protection.
3. My account is not covered by the federal Employee Retirement Income Security Act of 1974, as amended ("ERISA") and is therefore not subject to the protections thereof.

