



Participant Enrollment Governmental 457(b) Plan

City of Pittsburgh Deferred Compensation Plan

780239-01

Participant Information

Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

Mailing Address

City State Zip Code

() ()
Home Phone Work Phone

☐ Check box if you prefer to receive quarterly account statements in Spanish.

Social Security Number

E-Mail Address

☐ Married ☐ Unmarried ☐ Female ☐ Male

Mo Day Year Mo Day Year

Date of Birth Date of Hire

Payroll Information

- ☐ I elect to contribute \$ _____ or _____ % (do not complete both) (up to \$22,500.00 or 1% - 100%) 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.
- ☐ I elect to contribute \$ _____ or _____ % (do not complete both) (up to \$22,500.00 or 1% - 100%) per pay period of my compensation as Roth Salary Deferral 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.

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.

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
BlackRock 20/80 Target Allocation.....	BICPX	_____	PIMCO StocksPLUS Small Institutional.....	PSCSX	_____
Vanguard Target Retirement Income Inv.....	VTINX	_____	Vanguard Explorer Adm.....	VEXRX	_____
Vanguard Target Retirement 2020 Inv.....	VTWNX	_____	Vanguard Small Cap Index Adm.....	VSMAX	_____
Vanguard Target Retirement 2025 Inv.....	VTTVX	_____	Wasatch Small Cap Growth.....	WAAEX	_____
Vanguard Target Retirement 2030 Inv.....	VTHRX	_____	DFA U.S. Sustainability Core 1.....	DFSIX	_____
Vanguard Target Retirement 2035 Inv.....	VTTHX	_____	Carillon Eagle Mid Cap Growth I.....	HAGIX	_____
Vanguard Target Retirement 2040 Inv.....	VFORX	_____	Janus Henderson Mid Cap Value N.....	JDPNX	_____
Vanguard Target Retirement 2045 Inv.....	VTIVX	_____	Pioneer Select Mid Cap Growth K.....	PSMKX	_____
Vanguard Target Retirement 2050 Inv.....	VFIFX	_____	Vanguard Mid Cap Index Fund - Admiral.....	VIMAX	_____
Vanguard Target Retirement 2055 Inv.....	VFFVX	_____	Victory Sycamore Established Value A.....	VETAX	_____
Vanguard Target Retirement 2060 Inv.....	VTTSX	_____	AB Relative Value Z.....	CBBZX	_____
Vanguard Target Retirement 2065 Inv.....	VLXVX	_____	Alger Capital Appreciation Instl I.....	ALARX	_____
American Funds Capital World G/I R4.....	RWIEX	_____	MFS Growth R6.....	MFEKX	_____
American Funds New Perspective R6.....	RNPGX	_____	Putnam Large Cap Value A.....	PEYAX	_____
American Funds New World R6.....	RNWGX	_____	Vanguard 500 Index Admiral.....	VFIAX	_____
DFA International Small Company I.....	DFISX	_____	Vanguard Dividend Apprec Idx Admiral.....	VDADX	_____
Dodge & Cox International Stock - I.....	DODFX	_____	Vanguard Total Stock Mkt Idx Adm.....	VTSAX	_____

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
Vanguard International Growth Adm.....	VWILX	VWILX	Janus Henderson Balanced N.....	JABNX	JABNX
Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX	American Funds American Hi Inc Tr R4.....	RITEX	RITEX
BlackRock Energy Opportunities Inst.....	BACIX	BACIX	Dodge & Cox Income - I.....	DODIX	DODIX
BlackRock Health Sciences Opps K.....	SHSKX	SHSKX	Fidelity Strategic Income Fund.....	FADMX	FADMX
Delaware Healthcare I.....	DLHIX	DLHIX	Federated Hermes Ultrashort Bond IS.....	FULIX	FULIX
Franklin Utilities R6.....	FUFRX	FUFRX	Metropolitan West Total Return Bond M.....	MWTRX	MWTRX
Hartford Healthcare HLS IA.....	HIAHX	HIAHX	PIMCO Global Bond Opps (USD-Hedged) Inst.	PGBIX	PGBIX
MFS Utilities R6.....	MMUKX	MMUKX	PIMCO Total Return Instl.....	PTTRX	PTTRX
Invesco Gold & Special Minerals R6.....	OGMIX	OGMIX	Putnam Convertible Securities Y.....	PCGYX	PCGYX
Principal Real Estate Securities Fd R-6.....	PFRSX	PFRSX	Vanguard GNMA Adm.....	VFIJX	VFIJX
Vanguard Health Care Index Adm.....	VHCIX	VHCIX	Vanguard Inflation-Protected Secs Adm.....	VAIPX	VAIPX
Columbia Small Cap Value Fund II Instl 3.....	CRRYX	CRRYX	Vanguard Long-Term Investment-Grade Adm..	VWETX	VWETX
Franklin Small Cap Value R6.....	FRCSX	FRCSX	Vanguard Total Bond Market Index Admiral....	VBTLX	VBTLX
Hartford Small Company HLS Fund IA.....	HIASX	HIASX	General Account.....	N/A	MHMD1
			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.

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.

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

empowermyretirement.com

Click 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.