

STATE OF MaineSaves Deferred Compensation Plan

Welcome to online enrollment for MaineSaves, the State of Maine's voluntary retirement savings plan.

Follow the steps shown here to enroll successfully.





1. Participant goes to www.MassMutual.com/govnp and clicks on "Enroll Now" under Participant.

GOVERNMENT & NOT-FOR-PROFIT PLANS

Welcome to Empower Retirement Participant Plan Sponsors and TPAs Financial Professional Learn how our strength, experience and Make smart choices and save now to Making it easy for you to administer your meet your retirement savings goals. retirement plan. passion for innovation is paying off for Learn More > Learn More > you - and your clients. Learn More > or Enroll Now > Log-in > Log-in > Log-in >

Yes, you're in the right place. Welcome to Empower Retirement. As you navigate your site, you'll notice many of the pages still have a MassMutual logo. That's okay; it will take some time to fully transition you to the Empower experience. We look forward to this transition and helping you pursue the future you imagine.

Participant Services

EMPOWER

1-800-528-9009 Monday - Friday, 8 a.m. to 8 p.m. ET (excluding holidays)

Corporate Plans

Participant | Enroll Plan Sponsors and TPAs Financial Professional

Plan Sponsor Services

1-800-837-8444 Monday - Friday, 8 a.m. to 8 p.m. ET (excluding holidays)

Government + Not-for-Profit Plans

Participant | Enroll Plan Sponsors and TPAs Financial Professional

Retirement Plan Sales

1-800-874-2502, Option 4 Monday - Friday, 8 a.m. to 8 p.m. ET (excluding holidays)





Participant clicks on "Enroll Now" under Enroll in Your Plan.

Yes, you're in the right place. Welcome to Empower Retirement. As you navigate your site, you'll notice many of the pages still have a MassMutual logo. That's okay; it will take some time to fully transition you to the Empower experience. We look forward to this transition and helping you pursue the future you imagine.

Complete Form

If your plan does not offer electronic enrollment, complete the enrollment form included in your enrollment materials.

Contact Benefits Administrator

If your enrollment materials do not contain an enrollment form or you do not have your enrollment materials, contact your Benefits Manager.





3. Participant enters their Social Security Number as the USERID and the Group Number 150006 as the PIN.

MPOWER	
Empower Retirement Enroll	
	We do not recommend the use of the browser's BACK
Login	
	Type in your User ID and PIN
	User ID:
	PIN:
	(Login)

utton while enrolling.

Quick Help

Learn about how <u>Empower Retirement</u> secures your personal information over the internet.

For your security, your session will log you off after 30 minutes of inactivity.

Trouble Logging on? Contact our Customer Service Center (see the <u>Contact Information</u> page).



4. Review the applicable Disclosure Statement and click "Accept."

Your local representative can provide you with plan enrollment materials.

Welcome to MassMutual Enroll

This site provides you with an easy, convenient way to enroll in the retirement plan offered by your employer,

As you progress through the enrollment process you will be making some important decisions. Prior to initiating your enrollment you should have received and reviewed enrollment materials consisting of an overview of your plan features and information about your retirement program, including the investment options and historical performance information. Please read it carefully before you invest or send money.

I acknowledge, by clicking "Accept" below, that I have received the enrollment material referenced above.

🗸 Do Not Accept | Accept 🔪



5. Participant completes Step 1 by entering their Personal **Information**, including **Employment Information**.

Make sure to include a rough estimate of your annual salary to be able to continue on.

nformation						
nation below. Make cor	rections as needed. 1 Personal	2 Deferral	3 Elections	4 Beneficiary	5 Disclosure	6 Verification
Personal	Information					
First Name	:		MI:		Last Name :	
]		
Address 1	:		Address 2 :	_	Address 3 :	_
1						
City :				State:		Zip:
					\sim	_
Email :						Phone Number :
Birth Date	:	Gend	er:	Marital Status:	Language Prefe	erence :
			\checkmark	Please Select 🗸	Please Select	
Employn	nent Information					
Date of Hir	re:		Annual Salary :		Payroll Frequency	r:
					Bi-weekly - 26	\checkmark
				Back Next		



6. Participant completes Step 2 by entering their desired Deferral Amount (the amount you wish to contribute from each biweekly paycheck). The maximum deferral amount depends on your age. If you:

Are under age 50, you can contribute up to the Annual Elective Deferrals Limit per year. Are or will be age 50 or older by the end of the year, you can take advantage of the Annual Catch-Up Contribution Limit. This is in addition to the Annual Elective Deferrals Limit for the year.

If you are within three years of retiring, you may make three year 457 Pre-Retirement Catch-Up Limit Contribution instead of the 50+ catch-up contributions above. If you wish to do this, **please contact your local representative;** you cannot make three year Pre-Retirement catch-up contribution elections online. Your local representative can also let you know the applicable year's Annual Elective Deferrals Limit, Annual Catch-Up Contribution Limit and 457 Pre-Retirement Catch-up Limit

Contribution.

Salary Informa	sonal	2 Deferral	3 Elections	<u> </u>	4 Beneficiary	5	Disclosure	>	6 Verification	>
Annual Salary: \$50, Pay Period Salary:	000.00 \$1,923.08									
Salary Deferral	Information									
I do not wish to co Deferral Amount p \$0 Click the box if y the catch-up provisi	ontribute at this time. per pay period: (whole dollars only) you will utilize on.			C V	lick Calculate to ew the estimated deferral rate. Calculate	Annual Deferra O Deferral Rate p O	al Amount : per pay period:			
				Back	Next					
Account Protection Policy (Updated)	■Legal/Terms of Use (U)	odated) 🖻								

7. Participant completes Step 3 by entering their desired Investment Elections.

Indicate which of the available options you want to invest in by providing the percentage amount next to each fund name. The sum of all percentage must equal 100%.

Investments below are sample investments and are not plan specific.

investment option <u>performance</u> t an investment choice below for more	details					
k neip for additional information	1 Personal	>	2 Deferral	\rightarrow	3 Elections	4 Beneficia
Contribu Inves	ition Type: EE Pre-Tax tment Choice					
AmCe	nt Cap Preserv					
Carillo	n Scout MIDCP					
PGIM	High Yield					
Gener	al					
Htfd C	ap App HLS					
<u>Htfd T</u>	otRet Bond HLS					
JPM S	mrtRetire 2020					
JPM S	mrtRetire 2025					
JPM S	mrtRetire 2030					
JPM S	mrtRetire 2035					
JPM S	mrtRetire 2040					
JPM S	mrtRetire 2045					
JPM S	mrtRetire 2050					
JPM S	mrtRetire 2055					

>	5 Disclosu	ire	>	6 Verification	
T					
Investn	lent Election	%			
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8. Participant completes Step 4 by downloading a Beneficiary Election Form to complete and provide to their Employer.





Participant completes Step 5 by reviewing applicable Disclosure Statement and clicking "Accept."

scusure statements, click Accept of Do Not Acc	1 Personal	ar enrollment will not be processed 2 Deferral	and this session will t	3 Elections		A Beneficiany
Disclosure		2 Delettai		3 Elections		4 beneficiary
Full Disclose	ure Statements (read as ap	plicable to your state)				
Arkansas						
"Any person	who knowingly presents a false	or fraudulent claim for pa	syment of a loss of	or benefit or knowingly	y presents false inf	formation in an application
Colorado						
"It is unlawfu	Il to knowingly provide false, in	complete, or misleading fa	acts or informatio	n to an insurance com	pany for the purp	ose of defrauding or attem
claimant with	regard to settlement or award	payable from insurance p	proceeds shall be	reported to the Colora	ado Division of Inst	urance within the Departm
District of C	olumbia It is a crime to provide false or i	misleading information to	an insurer or any	v other person. Penalti	ies include impriso	orment and/or fines. In ad
provided by t	he applicant."	manual mornation to	an insurer or any	, saler personi reliaid	as mease impriso	and any of these theo
Florida						
"Any person	who knowingly and with intent	to injure, defraud, or dece	eive any insurer f	iles a statement of clai	im or an applicatio	on containing any false, in
		•				
Kentucky	who knowingly and with intent	to defraud any insurance (company or othe	r person files an applic	ation for insurance	e containing any materiall
thereto com	nits a fraudulent insurance act,	which is a crime."	company of othe	. Person mes an applic		- containing any materiali
Leuisian-						
"Any person	who knowingly presents a false	or fraudulent claim for pa	ayment of a loss of	or benefit or knowinalv	y presents false inf	formation in an application
				· ·····j·,		
New Jersey	who knowingly includes any fak	se or misleading informati	on on an applicat	tion for an insurance o	olicy, or files a sta	tement of claim containing
Any person	who knowingly includes any fall	se or misleading mornadi	on on an applicat	ash for an insurance p	oncy, or mes a sta	tement of cidim containing
New Mexico) uha kaawingku assasta a falaa	an fraudulant alaim fra an	umant as lass of	honofit on knowing has	nonante falsa infar	mation in an andiantian f
Any person	who knowingly presents a false	or fraudulent claim for pa	syment of loss of	perient or knowingly p	presents faise infor	rmation in an application f
Ohio						
"Any person	who, with intent to defraud or k	mowing that he is facilitat	ing a fraud again	st an insurer, submits	an application or i	files a claim containing a f
Oklahoma						
"WARNING: A	Any person who knowingly, and	with intent to injure, defr	raud or deceive a	ny insurer, makes any	claim for the proc	ceeds of an insurance poli
Oregon						
"Any person	who knowingly, and with INTEN	IT TO DEFRAUD or solicit a	another to defrau	d an insurer (1) by su	bmitting an applic	ation, or (2) by filing a cla
Pennsylvani	ia					
"Any person	who knowingly and with intent	to defraud any insurance (company or othe	r person files an applic	cation for insuranc	e or statement of claim co
concerning a	ny fact material thereto commit	ts a fraudulent insurance a	act, which is a cri	me and subjects such	person to criminal	l and civil penalties."
Tennessee						
"It is a crime	to knowingly provide false, inc	omplete or misleading info	ormation to an in	surance company for t	the purpose of defi	rauding the company. Per
Notificativ	on of Accentance					
I understand	that all values provided by the	contract, when based on i	investment expe	rience of the above na	med investment c	hoices (except the Genera
effective vari	able annuity prospectus or disc	losure document, whichev	er is applicable,	is acknowledged. Furth	her I wish to partic	ipate in my Employer's Pl
noted above.	I understand and agree to the investment of deferred arrays	provisions contained in m	y Employer's Plai	n. Together with my h rence(s) under my Em	eirs, successors, a	nd assigns, I will hold har knowledge that I have see
related to the	investment of deferred amoun	its and/or my employers	investment prefe	rence(s) under my Em	ipioyer's Plan, 1 ac	.knowledge tildt i nave fea
					1	

	5 Disclosure		6 Verification	Σ
ion for insurance is guilt	y of a crime and may be s	ubject to fines and	confinement in prison."	
empting to defraud the a policyholder or claimar tment of Regulatory Ser	company. Penalties may ir nt for the purpose of defra rvices."	nclude imprisonme uding or attemptin	nt, fines, denial of insurance, and civi g to defraud the policyholder or	il
addition, an insurer may	y deny insurance benefits i	if false information	materially related to a claim was	
incomplete, or misleadi	ng information is guilty of	a felony of the thir	d degree."	
ally false information or	conceals, for the purpose	of misleading, info	ormation concerning any fact material	I
ion for insurance is guilt	y of a crime and may be s	ubject to fines and	confinement in prison."	
ing any false or mislead	ling information, is subject	t to criminal and ci	vil penalties."	
n for insurance is guilty	of a crime and may be su	bject to civil fines	and criminal penalties."	
a false or deceptive stat	ement, is guilty of insuran	ce fraud."		
olicy containing any fals	e, incomplete or misleadin	g information is gu	uilty of a felony."	
claim containing a false	statement as to any MATE	RIAL FACT, MAY B	E violating state law."	
containing any material	ly false information or con	ceals, for the purp	ose of misleading, information	
Penalties include impriso	onment, fines, and denial o	of insurance benefi	ts."	
eral Account), are variab Plan and hereby agree larmless my Employer fr read and understand the	ole and are not guaranteed to defer my right to receiv rom any liability hereunder e Full Disclosure Statemen	l as to a fixed dolla e compensation to r for all acts per-fo t, as applicable to	r amount. Receipt of a currently the extent of the annual premium rmed in good faith, including those my state.	



10. Participant completes Step 6 by **reviewing their personal information** entered earlier to ensure there are no errors. This is their last chance to edit any inaccurate information they may find.

on					
tion cannot be cancelled online.	1 Personal	2 Deferral	>	3 Elections	4 Benefi
Personal I	information				
First Name: MI: Last Name: Address 1: Address 2: Address 3: City: I State					Email: Phone Number Birth Date: Gender: Marital Status: Language Pref
Zip: 1					
Employme	nt Information				
Date of Hire: Annual Salar Payroll Frequ	y: \$ Jency: L				
Salary Inf	ormation				
Annual Salar Pay Period S	y: alary:				
Salary Def	erral Information:				
Deferral Amo Annual Defer Deferral Rate	unt Per Pay Period: ral Amount(estimated): e Per Pay Period(estimated):				
Investmer	nt Elections				
Contribution	Type: EE Pre-Tax				
Investmen	t Choice				
General	Turner Missellanoous Bollover				
Investmen	t Choice				
General					
Contribution	Type: Rollover				
Investmen	t Choice				
General					
					Cancel Confirm

	5 Disclosure	\rightarrow	6 Verification	>
				[edit information]
				[edit information]
				[edit information]
				[edit information]
				[edit information]
Investr	nent Election			
	100%			
Investr	nent Election			
	100%			
Investr	nent Election			
	100%			



11. Participant receives a confirmation number confirming the enrollment process has been completed.

Your request has been received.

Your confirmation number is: IE15111242215

You may wish to print this page for your records. A written confirmation will be mailed to you after your request has been processed. Your enrollment will be submitted to your employer. An account will be opened and you will be considered a participant in the plan after your employer validates the information and establishes payroll deduction on your behalf.

(Logout)

pdated) = Legal/Terms of Use (Updated) =

Confirmation



EMPOWER **RETIREMENT**®

