

Enrollment Form - Investment Elections

Group Number: 710996		Social Security Number:		Location Code: <small>(Plan Sponsor Use Only)</small>	
Employee Name: Last: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			First:		M.I.
Address:				Phone Number:	
City:		State:		Zip:	
Date of Birth:		Marital Status (S or M):		Date of Hire:	
				Date of Eligibility:	

**INVESTMENT ELECTION**

I understand that the Plan Sponsor has directed my existing accumulated account balance (if any) under the plan to be transferred to Hartford Life Insurance Company and invested in one or more of the funds below as specified by the Plan Sponsor. (For more information, contact your Plan Sponsor.) I elect to have all future contributions allocated based on my selections below. **(Must total 100% - Whole percentages only.)** I understand that this Enrollment 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 1-800-339-4015 or visit [retire.hartfordlife.com](http://retire.hartfordlife.com). I also understand that if I fail to establish investment elections, my future contributions may be invested as directed by the Plan Administrator until I change my future investment allocation under the Plan's procedures.

- |  |   |
|--|---|
| <input type="checkbox"/> % JR - AIM Real Estate                                | <input type="checkbox"/> % JM - LifePath Retirement                     |
| <input type="checkbox"/> % N8 - Alger Capital Appreciation Institutional       | <input type="checkbox"/> % NY - Oppenheimer Capital Income              |
| <input type="checkbox"/> % N9 - Alger MidCap Growth Institutional              | <input type="checkbox"/> % U8 - Oppenheimer Gold & Special Minerals     |
| <input type="checkbox"/> % CG - American Funds Capital Income Builder          | <input type="checkbox"/> % HC - Oppenheimer Main Street Small Cap       |
| <input type="checkbox"/> % N4 - American Funds Capital World Growth and Income | <input type="checkbox"/> % DM - Seligman Communications and Information |
| <input type="checkbox"/> % NL - Franklin Total Return                          | <input type="checkbox"/> % RG - SSgA S&P 500 Flagship                   |
| <input type="checkbox"/> % B6 - Goldman Sachs Mid Cap Value                    | <input type="checkbox"/> % AN - The Hartford Global Health              |
| <input type="checkbox"/> % YR - Ivy Global Natural Resources                   | <input type="checkbox"/> % AA - The Hartford Money Market               |
| <input type="checkbox"/> % JH - LifePath 2010                                  | <input type="checkbox"/> % R3 - The Hartford Value Opportunities        |
| <input type="checkbox"/> % JJ - LifePath 2020                                  | <input type="checkbox"/> % QD - Thornburg International Value           |
| <input type="checkbox"/> % JK - LifePath 2030                                  | <input type="checkbox"/> % QE - Thornburg Value                         |
| <input type="checkbox"/> % JL - LifePath 2040                                  |   |

**SIGNATURES**

I understand that these elections will be effective as soon as administratively feasible. I understand that my plan contributions will be invested in investment options offered under a group variable funding agreement issued by Hartford Life Insurance Company. I understand that the value of my plan account under this contract is variable, is not guaranteed, and is subject to the investment experience of the various investment options I have selected. I understand my account may be subject to additional fees as directed by my Plan Sponsor.

\_\_\_\_\_  
Employee Signature  
This document has been received and accepted by the Plan Administrator.  
  
\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date  
  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**FOR INITIAL  
ENROLLMENT  
PURPOSES  
ONLY**

Please retain a copy for your records.

To make a contribution election, complete the Enrollment Form- Contribution Elections page.

Hartford Life Insurance Company • Retirement Plans Group • P.O. Box 1583 • Hartford, CT 06144-1583

**Enrollment Form - Contribution Elections**

**Acme Truck Line 401(k) Plan**

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Employee Name: Last: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First:	M.I.

**CONTRIBUTIONS**

- I elect to contribute \_\_\_\_\_% of my 401(k) before-tax compensation each payroll period. (Must be a whole percentage between 1% and 80%.)
- I do not elect to contribute to the plan at this time.
- I have a previous retirement account I would like to rollover into this plan. (Please complete the enclosed Rollover Submission Form.)

**SALARY REDUCTION AGREEMENT - 401(k) Plans**

If elected above, by execution of this Enrollment Form, I authorize my Employer to make contributions to the Plan by reducing my compensation as elected. This agreement shall continue in effect while I am employed by the Employer or until it is changed in accordance with the terms of the Plan. I understand that the terms of the Plan may provide the Employer with the authority to reduce or cease my 401(k) contributions to ensure the Plan satisfies the requirements of Section 401(k) of the Internal Revenue Code.

**SIGNATURES**

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\_\_\_\_\_  
Employee Signature

This document has been received and accepted by the Plan Administrator.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date