

**Enrollment Form - Investment Elections**

**Pottstown Medical Specialists, Inc. Retirement Plan**

Group Number: 808862		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. 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"/> % 1I - Hartford Small Company HLS            |
| <input type="checkbox"/> % CV - American Funds The Income Fund of America | <input type="checkbox"/> % 5U - MFS Utilities                         |
| <input type="checkbox"/> % 8Q - American Funds The New Economy            | <input type="checkbox"/> % 7V - MFS Value                             |
| <input type="checkbox"/> % 9Z - Calvert Social Investment Bond Portfolio  | <input type="checkbox"/> % QT - The Hartford Balanced Allocation      |
| <input type="checkbox"/> % DB - Columbia Small Cap Value II               | <input type="checkbox"/> % QV - The Hartford Conservative Allocation  |
| <input type="checkbox"/> % 9P - Davis New York Venture                    | <input type="checkbox"/> % QR - The Hartford Equity Growth Allocation |
| <input type="checkbox"/> % 9T - Eaton Vance Worldwide Health Sciences     | <input type="checkbox"/> % QW - The Hartford Growth Allocation        |
| <input type="checkbox"/> % BU - Federated Kaufmann                        | <input type="checkbox"/> % SN - Thornburg Core Growth                 |
| <input type="checkbox"/> % 1G - Hartford Money Market HLS                 | <input type="checkbox"/> % QD - Thornburg International Value         |

**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 annuity contract 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**