

Participant Enrollment 403(b) Plan

Osseo Area Schools 403(b) Retirement Savings Plan

1009632-01

Participant Information

Are you a U.S. Citizen? Yes No If not, what is your country of citizenship? _____

Last Name			First Name			MI			Social Security Number								
<i>(The name provided MUST match the name on file with Service Provider.)</i>																	
Mailing Address																	
City				State				Zip Code				E-Mail Address					
()				()								Mo Day Year					
Home Phone				Work Phone				Date of Birth				<input type="checkbox"/> Female <input type="checkbox"/> Male					
												<input type="checkbox"/> Married <input type="checkbox"/> Unmarried					
Occupation/Title						Employee Number						Name of Spouse					

ID Type: U.S. Driver's License Green Card Passport Other Government Issued ID _____

ID Issuer (State/Country): _____ ID Reference #: _____ ID Issue Date ___/___/___ ID Expiration Date ___/___/___

Payroll Information

The compensation paid to me each pay period will be reduced by the amount or percent on my Salary Reduction Agreement with my Employer and will be contributed to the Plan on my behalf as indicated below. If my Employer has elected to have me use this form to make a Salary Reduction Agreement, I hereby authorize my Employer to reduce my compensation by the amounts shown below on and after the Payroll Effective Date and to contribute such amounts to the Plan on my behalf, and by remitting the amount elected below, my Employer agrees to reduce my compensation and contribute such amounts to the Plan on my behalf in accordance with this Salary Reduction Agreement.

Before Tax - The amount that you may contribute to all plans each year is up to \$19,000.00 of your compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under the Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

\$_____ (per pay period) of my compensation as Before Tax contributions

I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my Before Tax account.

Roth - The amount that you may contribute to all plans each year is up to \$19,000.00 of your compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under the Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

\$_____ (per pay period) of my compensation as Roth contributions

I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my Roth account.

Note: The total of your annual before-tax and Roth deferrals cannot exceed \$19,000.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

Catch-up Note: If you are making the maximum contributions allowable and are eligible to make additional contributions, please use the "Paycheck Contribution Election Form".

Payroll Effective Date: ___/___/___
Mo Day Year

Date of Hire: ___/___/___
Mo Day Year

Division Name

Division Number

Investment Option Information (applies to all contributions) - Please refer to your enrollment materials for information regarding each investment option and Asset Allocation Model.

Select either an Asset Allocation Model (A) or select your own investment options (B).

Last Name

First Name

M.I.

Social Security Number

(A) Asset Allocation Model Selection - only one model can be selected

ASSET ALLOCATION MODEL NAME MODEL SELECTION

INCOME
CONSERVATIVE
MODERATE

ASSET ALLOCATION MODEL NAME MODEL SELECTION

GROWTH
AGGRESSIVE

(B) Select Your Own Investment Options

Mutual Fund Select Portfolio ("MFSP") Funding Options

<u>FUNDING OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>		<u>FUNDING OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	
MetLife Guaranteed Asset Account.....	G63201	_____ %	Nationwide Mid Cap Market Index A.....	GMXAX	_____ %
Artisan International Inv.....	ARTIX	_____ %	Vanguard Selected Value Inv.....	VASVX	_____ %
DFA International Small Cap Value I.....	DISVX	_____ %	American Funds AMCAP R4.....	RAFEX	_____ %
Dodge & Cox International Stock.....	DODFX	_____ %	American Funds Washington Mutual R3.....	RWMCX	_____ %
Nationwide International Index A.....	GIAX	_____ %	Calvert Equity A.....	CSIEX	_____ %
Invesco Real Estate A.....	IARAX	_____ %	Nationwide S&P 500 Index A.....	GRMAX	_____ %
Baron Small Cap Retail.....	BSCFX	_____ %	Permanent Portfolio.....	PRPFX	_____ %
Eaton Vance Atlanta Capital SMID-Cap A.....	EAASX	_____ %	Calvert Bond A.....	CSIBX	_____ %
Nationwide Small Cap Index A.....	GMRAX	_____ %	PIMCO High Yield A.....	PHDAX	_____ %
Northern Small Cap Value.....	NOSGX	_____ %	TCW Total Return Bond N.....	TGMNX	_____ %

MUST INDICATE WHOLE PERCENTAGES =100%

Additional Feature - This option is not available if you selected Asset Allocation.

- Rebalancing Program:** Allows you to design a portfolio with a certain percentage in each fund and will rebalance to make sure the portfolio maintains the same asset allocation. You choose how frequently your portfolio is rebalanced (select one):
- Quarterly Semi-Annually Annually

Account Beneficiary Designation

Subject to and in accordance with the terms of the plan, I am making the following beneficiary designations for my vested account balance in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, their share will be allocated among the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law. This designation is effective upon execution and delivery to MetLife. I have the right to change the beneficiary designations. If any information is missing, additional information may be required prior to recording my designation. This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary for additional beneficiaries.

Primary Beneficiary(ies)

#1 _____ .

% of Account Balance	Primary Beneficiary Name	Social Security Number	Date of Birth
<hr/>			
Street Address	City	State	Zip Code
<hr/>			
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

#2 _____ .

% of Account Balance	Primary Beneficiary Name	Social Security Number	Date of Birth
<hr/>			
Street Address	City	State	Zip Code
<hr/>			
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

#3 _____ .

% of Account Balance	Primary Beneficiary Name	Social Security Number	Date of Birth
<hr/>			
Street Address	City	State	Zip Code
<hr/>			
(_____)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Last Name

First Name

M.I.

Social Security Number

Contingent Beneficiary(ies)

#1

_____ . % of Account Balance	_____ . Contingent Beneficiary Name	_____ . Social Security Number	_____ . Date of Birth
_____ . Street Address	_____ . City	_____ . State	_____ . Zip Code
(_____) Phone Number	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

#2

_____ . % of Account Balance	_____ . Contingent Beneficiary Name	_____ . Social Security Number	_____ . Date of Birth
_____ . Street Address	_____ . City	_____ . State	_____ . Zip Code
(_____) Phone Number	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

#3

_____ . % of Account Balance	_____ . Contingent Beneficiary Name	_____ . Social Security Number	_____ . Date of Birth
_____ . Street Address	_____ . City	_____ . State	_____ . Zip Code
(_____) Phone Number	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Spousal Consent for Beneficiary Designation

For Non-Married Participants

I certify that I am not married and spousal consent is not required. If I marry, I understand that a new beneficiary designation form must be completed.

For Married Participants

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

I, _____, am the spouse of _____, the participant in the above mentioned Plan. I understand that I have the right to all of my spouse's vested account in the above mentioned Plan after my spouse dies and I have received a written explanation of this right from my spouse's employer. I agree to give up this right and understand that payments upon my spouse's death will be distributed as stated in the above Plan Beneficiary Designation section. I understand that my spouse cannot change any designated beneficiary in the future unless I agree to the change. I understand that, by consenting to my spouse's designation, I may receive less money than I would have received had I not signed this consent and I may receive nothing from the Plan after my spouse dies. I understand that I do not have to consent to my spouse's designation and, that if I do not, I will receive my spouse's vested account balance upon my spouse's death. I am signing this consent voluntarily. Being fully apprised of these facts, I hereby voluntarily consent to my spouse's beneficiary designation.

Spouse's Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Statement of Notary

NOTE: Notary seal must be visible, if applicable.

State of _____) The consent to this request was subscribed and sworn to (or affirmed) before me on this _____ day
)ss. of _____, year _____, by _____ (name of spouse)
County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed
) that such consent represents his/her free and voluntary act.

SEAL

Notary Public _____ My commission expires _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

-OR-

Statement of Plan Administrator

I certify that the participant's spouse signed the Spousal Consent section in my presence.

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.

Replacement Information (Not Required for Self-Enrollments)

Do you have any existing life insurance or annuity contracts? Yes No

(If "Yes," the applicable disclosure and replacement forms must be attached.)

Will the proposed annuity replace, discontinue, or change an existing policy or contract? Yes No

(If "Yes," the applicable disclosure and replacement forms must be attached.) Please submit any required transfer paperwork for processing the transaction. Also, any required disclosure forms (State Replacement forms annuities/life as funding source, where applicable) or Switch forms (annuities or mutual funds as funding source).

What is the existing face value of all your life insurance policies? \$ _____

Participant Agreement and Required Signature(s)

I agree to the terms and conditions stated in this Participant Enrollment form with respect to the account that is established with it. I agree that this account is subject to all of the terms and conditions of my employer's written plan.

Fees and Expenses: I acknowledge and agree that the fees described in the Mutual Fund Select Portfolio Disclosure Statement will apply to my account and are payable to Metropolitan Life Insurance Company for administrative and recordkeeping services for the MFSP portion of my plan account. I understand that I will also pay fees and expenses for each mutual fund in which I have an investment. I further understand that mutual funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the mutual fund's prospectus or other disclosure documents. I acknowledge that I will pay fees and expenses for variable annuity products and their investment options, and that certain withdrawal charges may apply for both variable and fixed annuities. For more information on fees and expenses, I will refer to the respective mutual fund and/or annuity prospectus.

Investment Options: I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have the account that is established under this form allocated to the investment options under the Plan that I have selected in accordance with the Investment Option Information section of this form. I understand and acknowledge that all payments and account values, when based on the investment of a variable annuity or a mutual fund option, are not guaranteed and may fluctuate, and upon redemption, units or shares may be worth more or less than their original cost. I understand the risks of investing. For all the investments I have chosen, I acknowledge that I have received the fund fact sheet or prospectus for each mutual fund in which I am making an allocation, and, as applicable, a prospectus for the Fixed Account Annuity and a prospectus for the variable annuity options. I also acknowledge the receipt of other disclosures, including, as applicable to my account: General Information About Your Mutual Fund Select Portfolio (MFSP) Account, MFSP Disclosure Statement, Privacy Notice, Business Continuity Plan Disclosure, 403(b)(7) Custodial Agreement and Fixed Annuity Disclosure.

Withdrawal Restrictions: I understand that the Internal Revenue Code (the "Code") and/or my employer's plan may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under Retirement Plans including 401(k), 403(b) and 457(b) plans. The restricted monies generally may not be distributed to participants before the occurrence of one of the following, as allowed by the employer's written plan: attainment of a specified age (generally age 59 1/2 for 403(b) plans, age 65 for 401(k) plans, and age 70 1/2 for 457(b) plans); severance of employment with the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant. Certain exceptions apply to distributions from custodial accounts, from amounts contributed pursuant to a tax free rollover received from an IRA or another employer plan, of after-tax contributions, pursuant to qualified hurricane, disaster or recovery assistance legislation and due to plan terminations. With limited exceptions, withdrawals before age 59 1/2 are subject to a 10% Federal tax penalty (except for 457(b) plans). Withdrawals are generally subject to ordinary Federal income taxes. State income taxes may also apply. However, distributions attributable to designated Roth contributions, and the earnings on such contributions distributed after the applicable five-tax-year period, may not be subject to ordinary Federal income tax. Surrender charges may apply to distributions from the annuity products. Upon discontinuance of the annuity by your employer, distributions from the annuity products may be subject to a market value adjustment which may increase or decrease the value of your account. Any market value adjustment would not apply to transfers to approved products within the plan or on account of benefit responsive withdrawals initiated by participant, such as on account of your retirement, separation from service, distribution for a loan under the plan or Code hardship withdrawals.

Asset Allocation Models: If I select an Asset Allocation Model, my funds will be invested among the investment options as indicated below. In applying models to my particular situation, I should consider all of my assets and all of my spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

INCOME - G63201 25% IARAX 10% RAFEX 5% RWMCX 10% TGMNX 20% VASVX 5% PRPFX 10% NOSGX 5% PHDAX 10%

CONSERVATIVE - IARAX 10% G63201 15% TGMNX 15% VASVX 5% BSCFX 5% RWMCX 10% NOSGX 5% RAFEX 10% PHDAX 10% DODFX 5% PRPFX 10%

MODERATE - IARAX 5% BSCFX 5% G63201 10% NOSGX 5% PRPFX 10% PHDAX 5% RWMCX 15% VASVX 5% TGMNX 10% RAFEX 15% DODFX 5% ARTIX 5% EAASX 5%

GROWTH - IARAX 5% VASVX 10% G63201 5% BSCFX 10% ARTIX 5% DISVX 5% TGMNX 5% PRPFX 5% DODFX 5% RAFEX 15% EAASX 5% RWMCX 15% PHDAX 5% NOSGX 5%

AGGRESSIVE - EAASX 10% PRPFX 5% ARTIX 10% BSCFX 10% NOSGX 5% RAFEX 15% DISVX 5% IARAX 5% TGMNX 5% VASVX 10% RWMCX 15% DODFX 5%

If you wish to set up a rebalancer, please access the Web site.

Compliance With Employer's Written Plan 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 employer's written plan and/or the Code. I understand that the maximum annual limit on contributions is determined under the employer's written plan and/or the Code. I understand that I am solely liable for any tax, penalty, or related costs if contributions made on my behalf exceed any applicable contribution limits. If I participated during the year in a retirement plan maintained by another employer, it is my responsibility to ensure that I do not exceed any applicable contribution limits.

I understand that if I am enrolling in a 403(b) plan and wish to invest in MFSP, either I or my Employer is required to establish an IRC section 403(b)(7) custodial account for such mutual fund investments. If my Employer has not signed a 403(b)(7) Custodial Agreement, I further acknowledge that I am adopting the 403(b)(7) Custodial Agreement by signing this Participant Enrollment form.

Incomplete Forms: I understand that my Participant Enrollment form must be complete and received by MetLife at the address below in time to process it prior to the receipt of any deposits. If not complete, I specifically consent to MetLife 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 as required by law. I understand that I must call Service Provider or access the Web site in order to transfer monies from the default investment option.

Last Name

First Name

M.I.

Social Security Number

Fraud Statement: I understand and agree to the attached document titled, "Fraud Statement and Disclosure".

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.

Required Signature(s): My signature acknowledges that I have received, read, understand and agree to all pages of this form, and affirms that all information that I have provided is true and correct. I understand that MetLife is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, MetLife and its Service Providers cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:
<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

If your Plan is subject to spousal consent requirements under Employee Retirement Income Security Act (ERISA) and/or your Plan Document, and you designate primary beneficiary(ies) other than your spouse, such designation will not be effective unless the spouse indicates agreement with the designation by signing the Spousal Consent section of this form.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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.

City and State where signed

Financial services representatives should submit this paperwork to their affiliated Broker Dealer.

Participants, for self-enrollment (if you did not meet individually with a financial services representative), please fax your completed form to 1-866-745-5766.

Representative Acknowledgement

I acknowledge that I have delivered the fund fact sheet or prospectus for each mutual fund in which the participant is making an allocation, and, as applicable, a prospectus for the Fixed Account Annuity and a prospectus for the variable annuity options. I also acknowledge that I have delivered the applicable Enrollment Disclosure Package, which may include the General Information About MFSP and MFSP Disclosure Statement, Privacy Notice, Business Continuity Plan Disclosure, and the Fixed Annuity Disclosure.

For participants who have selected the Annuity Option:

Does the applicant have existing life insurance policies or annuity contracts? Yes No

(If "Yes," applicable disclosure and replacement forms must be attached.)

Will the contract applied for replace any existing life insurance or annuity contracts on the Annuitant's life? Yes No

(If "Yes," applicable disclosure and replacement forms must be attached.)

Registered Representative Signature

District Agency Index # (DAI)

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Printed Representative Name (First, Middle, Last)

Date

Regional Office Approval and/or Principal Approval:

Print Name: _____

Signature: _____

Last Name

First Name

M.I.

Social Security Number

Number

DIVISION INFORMATION

1 TERM
 2 SUBS
 3 ESC
 4 LOA-PAID
 5 LOA-UNPAID
 6 OSH
 7 BJH
 8 OJH
 9 ALC
 10 NVJH
 11 PCSH
 12 MGSB
 13 MGJH
 14 WD
 15 EB
 16 BG
 17 CV
 18 EW
 19 FO
 20 GC
 21 OE
 22 PL
 23 PB
 24 ZW
 25 CI

DIVISION INFORMATION

26 RC
 27 EC
 28 RL
 29 BW
 30 FB
 31 WVR
 32 OAK
 33 ABE / ESL
 34 OSTC
 35 MEDIA
 36 WRHS
 37 ARB-ECFE
 38 ARB-ECSE
 39 WL-ECFE
 40 WL-ECSE
 41 TIMBERLAND
 42 ACHIEVE
 43 CBVAT
 44 ENROLLMENT
 45 CI-ECSE
 46 FB-ECFE
 47 FO-ECSE
 48 EC-ECFE
 9999 Unassigned

Fraud Statement and Disclosure

Notice to Participant:

Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Ohio, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida Residents Only: A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maryland Residents Only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Kansas and Oregon Residents Only: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Residents Only: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont Residents Only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia Residents Only: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED THE STATE LAW.

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**TO FOLLOW IS THE DISCLOSURE PACKAGE.
THESE PAGES ARE TO REMAIN WITH THE
PARTICIPANT.**

Enrollment Disclosure Package

And Important Notices Regarding Your Plan Account



- General Information About Your MFSP Plan Account
- MFSP Disclosure Statement
- Privacy Notice
- Business Continuity Plan Disclosure

MFSP Disclosure Package

General Information About Your MFSP Plan Account

General Tax Information: I understand that the Internal Revenue Code (the "Code") and/or my employer's plan may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under Retirement Plans including 401(k), 403(b) and 457(b) plans. The restricted monies generally may not be distributed to participants before the occurrence of one of the following, as allowed by the employer's written plan: attainment of retirement age (generally age 59½ for 403(b) plans and 70½ for 457 plans); severance of employment with the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant. Certain exceptions apply to distributions from custodial accounts, from amounts contributed pursuant to a tax free rollover received from an IRA or another employer plan, of after-tax contributions, pursuant to qualified hurricane, disaster or recovery assistance legislation and due to plan terminations. With limited exceptions, withdrawals before age 59½ are subject to a 10% Federal tax penalty (except for 457(b) plans). Withdrawals are generally subject to ordinary Federal income taxes. State income taxes may also apply. However, distributions attributable to designated Roth contributions, and the earnings on such contributions distributed after the applicable five-tax-year period, may not be subject to ordinary Federal income tax. Surrender charges may apply to distributions from the Fixed Account Annuity. Upon discontinuance of the annuity by your employer, distributions from the Fixed Account Annuity may be subject to a market value adjustment which may increase or decrease the value of your account. Any market value adjustment would not apply to transfers to approved products within the plan or on account of benefit responsive withdrawals initiated by participant, such as on account of your retirement, separation from service, distribution for a loan under the plan or Code hardship withdrawals.

Designated 403(b)/401(k) Roth Accounts: If amounts have been held for you under any Designated Roth Account under your employer's plan for at least five years, then any withdrawal, distribution or payment of these amounts made on account of death, disability, or after attainment of age 59½ is generally free of Federal income tax. Unlike Roth IRAs, withdrawals, distributions and payments that do not meet the five year rule will generally be taxed on a pro-rated basis with respect to earnings and after-tax contributions. The 10% penalty tax will generally apply on the same basis as a traditional pre-tax account under the Plan. Additionally, rollover distributions may only be made tax-free into another Designated Roth Account or into a Roth IRA as permitted under the Federal income tax law. Contributions which are designated to be made to a 403(b) Roth contribution program under your employer's plan must be aggregated with all other elective deferral contributions made under retirement plans of your employer or a related employer for purposes of applying the limit on contributions below.

Contribution Limits: Contributions made on the enrollment form are intended to be within applicable deferral and contribution limits. If any contribution specified on the enrollment form exceeds any applicable limit, either you or your employer may reduce the salary-reduction contribution to the greatest amount that would cause all contributions to be within all limits. Subject to applicable law, you or the employer (without consent by or notice to the other party) may instruct a corrective disbursement of any contribution that does not satisfy all applicable limits.

Changing Contributions: Unless your plan or your employer requires otherwise, you may increase or decrease your contributions at any time.

Stopping Contributions: At any time, you may stop your contributions by submitting a Salary Deferral Agreement. See "Effective Date" below for additional information.

Effective Date: New contribution elections and subsequent changes are effective as soon as administratively feasible in accordance with the terms of your plan.

Corrections: If your employer, plan administrator, or MetLife mistakenly directs your contributions to a contract, mutual fund, or account other than according to your direction, any of them may correct the mistake, which includes withdrawing or redeeming an amount from one contract fund, mutual fund or account and making a purchase payment into another contract, mutual fund or account.

Funding Choices: Except as otherwise provided by the plan, you choose how to allocate your contributions among the options available as permitted by your employer under the terms of the plan. You alone are responsible for your decisions. Your direction applies to all contributions. Any change will be effective only when your request for changes has been accepted by MetLife. If the plan permits, subject to applicable tax law, you have the right to transfer amounts to another contract or custodial account.

Changes to the Mutual Fund Funding Choices: Your employer is permitted to make changes to the mutual funds that are offered in your plan. If it makes changes, you will be notified by your employer of the impact on your plan account and whether you need to take any action with respect to your contribution or plan account allocations.

Other Changes by Your Employer: Your employer is responsible for determining your eligibility to participate in its plan and for making your contributions to the appropriate plan. If any contribution is mistakenly remitted to the wrong plan, your employer must instruct a disbursement from that plan, including the underlying contract and/or custodial account for the purpose of restoring the contribution to the appropriate plan.

Account Statements: Please carefully read each account statement as soon as you receive it. Please contact MetLife in writing about anything that you think may be incorrect. Send this to the MetLife address specified on your statement. Unless MetLife receives your written objection within 90 days of the date on an account statement (or the time provided by the relevant Service Agreement), the statement is considered to be true and accurate.

Responsibility of Your Plan: Retirement plans are subject to numerous Internal Revenue code requirements, and, in some cases, fiduciary and other duties under the Employee Retirement Income Security Act of 1974 ("ERISA"). Your employer is solely responsible for whether your plan complies with these requirements and other laws.

Notice Regarding Tax and Legal Advice: MetLife may not give legal or tax advice. Any discussion of taxes in this communication or related to this communication is for general information purposes only and does not purport to be complete or to cover every situation. Tax law is subject to interpretation and legislative change. Tax results and the appropriateness of any product for any specific taxpayer may vary depending on the facts and circumstances. You should consult with and rely on your own independent legal and tax advisers regarding your particular set of facts and circumstances.

Circular 230 Disclaimer: The information contained in this communication (including attachments) concerning Federal tax issues is not intended to (and cannot) be used by anyone to avoid IRS penalties. This communication is intended to support the sale of MetLife insurance and annuity products and other financial products and services. You should seek advice based on your particular circumstances from an independent tax advisor.

Mutual Fund Select Portfolios Disclosure Statement

About Your MFSP Account: MFSP is a program that Metropolitan Life Insurance Company and its affiliates ("MetLife") make available to participants in retirement plans and deferred compensation arrangements that are permitted to invest their plan accounts in mutual fund shares. Your employer or a third party appointed by your employer (other than MetLife or any of its affiliates) selects the mutual funds ("Funds") that are offered as investment options under its plan. The Funds may also be offered with a fixed annuity account option issued by MetLife Insurance Company USA or Metropolitan Life Insurance Company.

Investment Risks: Mutual funds are sold by prospectus, which is available from your registered representative. Please carefully consider investment objectives, risks, charges, and expenses before investing. For this and other information about any mutual fund investment, please obtain a prospectus and read it carefully before you invest. Investment return and principal value will fluctuate with changes in market conditions such that mutual fund shares may be worth more or less than original cost when redeemed.

Your Expenses for Investing in the MFSP Funds: You pay Fund investment management fees, other expenses, 12b-1 fees and redemption fees (if any) on each mutual fund investment in your plan MFSP account. These fees and expenses vary by the Fund. Please refer to each Fund's prospectus for a description of these fees and expenses.

MetLife Compensation Received From the Funds: Metropolitan Life Insurance Company and/or its affiliates also receive compensation from the Funds and/or their affiliates with respect to participants account balances for certain recordkeeping, administration and distribution services, which also vary by Fund. Different Funds provide MetLife and/or its affiliates different compensation. Therefore, this compensation may vary over time based on the Funds that are made available under the plan and participants' account allocations in the various Funds. Upon written request, MetLife will provide the current rates of compensation for Funds in your plan and any related information reasonably requested. Please direct any such request to MetLife Premier Client Group, Client Services, 11225 North Community House Road, Suite 10.282, Charlotte, NC 28277. Please make sure you understand all the fees and expenses related to the investment of your MFSP account in the Funds. If you need additional information, please contact MetLife at the address indicated above.

Plan Expense Account: Your employer may establish an account under your plan for the payment of plan expenses. Depending on the arrangement authorized by your employer, MetLife may credit this account with all or a portion of the compensation it receives from MFSP Funds (described in the preceding paragraph).

Plan Administrative Fees and Other Expenses Paid by You and/or the Plan: MetLife receives compensation for administrative and recordkeeping services it provides for the plan. Depending on the arrangement authorized by your employer, MetLife's compensation for these services (1) consists of (a) the compensation it receives from Funds (described above), (b) a separate per participant fee or basis point fee on plan assets, or (c) a combination of both; and (2) generally, is paid by charging participants' plan accounts, or, at the employer's direction, from the plan expense account. At the employer's direction, MetLife also may be required to charge participants' plan accounts or the plan expense account and remit fees to third parties for plan services they provide, such as administrative, trust, custodial, investment advisory, or consulting services.

For information about your plan's fee arrangement with MetLife, please see the *Mutual Fund Select Portfolios* Disclosure Statement that has been prepared specifically for your plan, which is included in the Enrollment book or can be obtained from your employer.

Investment Instructions: You may give investment instructions on any Business Day (which usually includes all days the New York Stock Exchange is open). You must call Service Provider on the telephone number listed on your quarterly statement before 4:00 p.m. Eastern Time (or the earlier close of regular trading on the NYSE) in order for us to process your investment instructions on the same Business Day. Any investment instructions received in good order after that time will be processed on the next Business Day. In addition, your plan may impose additional restrictions on investment transactions.

Investment Advice/Recommendations: Neither MetLife, nor any of its employees, will provide investment recommendations or give investment advice of any kind in regard to your plan MFSP account. By signing the Enrollment Form, you confirm that no MetLife employee, made any investment recommendations or gave any investment advice of any kind. If you're interested in asset allocation services, please ask your Financial Services Representative.

Prospectus: You have been provided a fund fact sheet or prospectus for each of the MFSP Funds available in your plan. If you allocate plan contributions or transfer any part of your plan account into a Fund for which you do not have an account balance, you will be provided a prospectus for that Fund. Whenever you want a prospectus (or any other disclosure information), please call your *Financial Services Representative*.

Mutual funds are offered by MetLife Investors Distribution Company (member FINRA), 1095 Avenue of the Americas, New York, NY 10036. Annuities are issued by MetLife Insurance Company USA, Charlotte, NC 28277 or Metropolitan Life Insurance Company (MLIC), New York, NY 10166. All are MetLife companies.



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" here means anything we know about you personally.

SECTION I - Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

SECTION II - Collecting Your Information

We typically collect your name, address, age, and other relevant information. For example, we may ask about your:

- finances
- creditworthiness
- employment
- health

We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

SECTION III - How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

SECTION IV - Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions
- perform business research
- confirm or correct your information
- market new products to you
- help us run our business
- comply with applicable laws

SECTION V - Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, creditor with a lien on your account)
- giving your information to your health care provider
- those listed in our "Using Your Information" section above

HIPPA

We will not share your health information with any other company - even one of our affiliates - for their own marketing purposes. If you have dental, long term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

SECTION VI - Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

SECTION VII - Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P.O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company

MetLife Investors Distribution Company

BUSINESS CONTINUITY PLAN DISCLOSURE¹

MetLife, Inc. together with each of its subsidiaries and affiliates, including its broker dealer affiliates, (collectively "MetLife") is committed to safeguarding the interests of our clients and customers in the event of an emergency or significant business disruption ("SBD").

MetLife's comprehensive business continuity strategy is designed to enable MetLife to meet its existing obligations to its clients and customers in the event of an emergency or SBD by safeguarding employees' lives and firm property, making a financial and operational assessment, quickly recovering and resuming operations, protecting all of MetLife's books and records, and allowing customers to transact business.

MetLife has a documented corporate policy requiring each Business Unit to develop a business continuity plan (hereinafter "Business Continuity Plan"). Pursuant to this policy, MetLife's I/T Risk and Business Recovery ("ITRBR") department has the full-time responsibility of coordinating the development, testing and maintenance of all MetLife Business Continuity Plans. ITRBR also manages contracts with recovery services vendors and is responsible for management reporting on all aspects of continuity. A formal process that includes a continuous review of internal controls enforces the corporate policy on continuity.

Business Continuity Plans have been developed, tested and approved by management for all MetLife business locations and production IT systems and applications. The plans reside in a common, best-of breed database and are routinely updated by business units and ITRBR staff. The database is replicated between two sites that are several hundred miles apart. Business Impact Analyses are used to keep the Business Continuity Plans aligned with business requirements.

Recovery resources are identified in advance and are obtained from several sources. These resources exist either within MetLife's capabilities or are obtained from recovery services vendors under contract.

Local crisis management teams are in place in all MetLife locations. These local crisis teams are charged with recording and managing any potential or actual crisis at the site from the time a situation occurs to the resolution of the incident and resumption of normal business operations.

MetLife's Business Continuity Plans address advance preparations and actions to be taken in response to disruptions of various magnitudes. The Business Continuity Plans address the potential impact of varying levels of disruptions to MetLife employees, equipment, computer and telecommunications systems, and office facilities. While it is impossible to anticipate every type of disruption that could effect MetLife's businesses, examples of the incidents covered by the Business Continuity Plans include, but are not limited to, terrorists attacks, hurricanes, fires, bomb threats, earthquakes, public transportation strikes, IT disruptions and cyber-threats.

MetLife maintains back-up systems and power supplies that allow critical computer and telecommunications systems and facility functions to be maintained in the event of minor, local disruptions. The duration of the disruption will depend on the nature and extent of the emergency or SBD.

In the event of an SBD, where it is not possible to conduct business from one of MetLife's offices, the company has contracted with a recovery services vendor for use of a remote alternate site equipped with sufficient resources to support critical business operations. Telephone service would be re-routed to this site. MetLife's networks and major business applications are replicated daily in a different geographical location from the company's offices, enabling it to access these systems from the remote site should the local systems become unavailable. As required in the Business Continuity Plans, MetLife is generally prepared to restore critical business functionality at the alternate site no later than 48 hours after declaration of an SBD. Other employees have been designated to work from home during periods of major disruptions.

The MetLife's Business Continuity Plans are reviewed as necessary, and at least annually, to ensure they account for technology, business and regulatory changes, operations, structure or location. The Business Continuity Plans are subject to change, and material changes will be updated promptly on the MetLife public website and all affiliates' websites. You may obtain a current written copy of this notice by writing to us at:

MetLife
One MetLife Plaza
Long Island City, New York 11101
Attn: Corporate Ethics and Compliance

(1) This disclosure is intended to comply with the rules promulgated by the Financial Industry Regulatory Authority ("FINRA").