

Enrollment Record - Deferred Compensation



Group No: 107848		Social Security No:	
Employer: City & County of Denver			
Employee Name: (Last, First, M.I.)			
Mailing Address:			
City:	State:	Zip:	Sex: (M or F)
Home Phone:	Work Phone:	Date of Birth:	

A. CONTRIBUTIONS

Employee \$ \$ Amount X Frequency* = Annual Contribution

Current Annual Salary \$

- I am utilizing the plan's age 50+ catch-up provision OR
 I am utilizing the plan's pre-retirement catch-up provision.
 My unused deferral limitation is \$ _____.
 My anticipated retirement date is ____/____/____.

B. BENEFICIARY

The beneficiary is on file with the employer.

C. NOTIFICATION OF ACCEPTANCE

I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus or disclosure document, whichever is applicable, is acknowledged. Further I wish to participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2 of this form.

Signed in the state of _____ on Date _____

Participant Signature _____

Registered Representative Signature _____

Dennis Shiners 7135-510684

Writing Agent Producer Code _____

D. INVESTMENT ELECTION I elect to have my future contributions invested as follows. SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%

- % Aim Financial Services (5H)
- % Aim Leisure (5J)
- % AIM Real Estate (JR)
- % AllianceBernstein International Value (V5)
- % American Balanced (7D)
- % American Beacon Small Cap Value (UN)
- % American Century Equity Income (5X)
- % Am Cent Inflation Adjusted Bond (S6)
- % Am Cent Strat Alloc: Aggressive (L9)
- % Am Cent Strat Alloc: Conservative (L7)
- % Am Cent Strat Alloc: Moderate (L8)
- % Artisan Mid Cap (LT)
- % Artisan Mid Cap Value (UJ)
- % Baron Small Cap (J7)
- % BlackRock Government Income (NG)
- % Capital World Growth and Income (N4)
- % Columbia Marsico Growth (AS)
- % Davis New York Venture (9P)
- % Franklin Income (LU)
- % Franklin Mutual Discovery (LF)
- % Goldman Sachs High Yield (UM)
- % Goldman Sachs Mid Cap Value (B6)
- % Hartford Capital Apprecn HLS (1J)
- % Hartford Dividend & Growth HLS (1C)
- % Hartford Global Health HLS (4E)
- % Hartford Global Technology HLS (4D)
- % Hartford Growth HLS (LK)
- % Hartford International Capital App HLS (RM)
- % Hartford Internat'L Opps HLS (1M)
- % Hartford Midcap HLS (2Q)
- % Hartford Money Market HLS (1G)
- % Hartford Mortgage Securts HLS (1D)
- % Hartford Small Company HLS (1I)
- % Hartford Stock HLS (1E)
- % Hartford Total Return Bond HLS (1B)
- % Hotchkis & Wiley Large Cap Value (N2)
- % Janus Enterprise (3W)
- % Janus Global Life Sciences (3T)
- % Janus Global Technology (3S)
- % Janus Overseas (3R)
- % Janus Twenty (2D)
- % Lord Abbett Small-Cap Value (8M)
- % MFS International New Discovery (9E)
- % MFS Utilities (5U)
- % Oakmark Equity & Income (UG)
- % Oppenheimer Developing Markets (KE)
- % Skyline Special Equities Port (2H)
- % SSgA Dow Jones Target 2015 (V6)
- % SSgA Dow Jones Target 2025 (V7)
- % SSgA Dow Jones Target 2035 (V8)
- % SSgA Dow Jones Target 2045 (V9)
- % SSgA Dow Jones Target Today (VA)
- % SSgA EAFE Index (RK)
- % SSgA Intermediate Bond Index (S2)
- % SSgA Russell 2000 Index (RJ)
- % SSgA S&P 500 Flagship (RG)
- % SSgA S&P MidCap Index (RH)
- % Templeton Growth (N6)
- % Van Kampen Comstock (8U)
- % Western Asset Core Bond Portfolio (GX)
- % General (Declared Rate) Account

100%

Beneficiary Designation

Please complete the Beneficiary Designation **including** name, Social Security number, relationship, and percentage of death benefit (totaling 100%). Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries,
equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

Primary and Contingent Beneficiaries

Participant's Estate

Trustee

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
or equally among the survivors

John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
per stirpes

Primary: Jane Doe, wife, 100% if living;
Contingent: John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
equally among the survivors
per stirpes

***either
or***

Participant's Estate

Jane Doe, trustee under trust
agreement* dated...

* Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.

Full Disclosure Statement

Arkansas

"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

"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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any 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

"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."

Louisiana

"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."

Maine

"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."

New Jersey

"Any person who includes any false or misleading information on an application for an insurance policy, is subject to criminal and civil penalties."

New Mexico

"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 civil fines and criminal penalties."

Ohio

"Any person who, with 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, is guilty of insurance fraud."

Oklahoma

"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."

Oregon

"Any person who knowingly, and with INTENT TO DEFRAUD or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000."

Tennessee

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."