



EQUITABLE

For Assistance:
Customer Service Call (888)234-5152

Equitable Retirement VisionSM Participant Enrollment (Non-ERISA 403(b)/Governmental 457(b) Plans)

Express Mail:
Equitable Retirement Plan Services
430 W 7th Street Suite 219886
Kansas City, MO 64105-1407
Regular Mail:
Equitable Retirement Plan Services
PO Box 219886
Kansas City, MO 64121-9886
Fax:
(833)674-0745

PLEASE PRINT

Use this form to participate in the Equitable Retirement VisionSM defined contribution program offered through your retirement plan. This form must be completed in its entirety.

1. Employer Information

Name: TOWN OF CONCORD Plan Number: 500151

2. Participant Information Please Note: This form is to be used for a new participant only.

Marital Status: Single Married

Name: First _____ MI _____ Last _____

Street Address: (Required - No P.O.Boxes) _____

Mailing Address: (If different) _____

City: _____ State: _____ Zip Code: _____

Date of Hire: _____ Date of Birth: _____ Gender: _____

Taxpayer Identification Number(Check One): ITIN SSN _____

Email Address(required): _____

Mobile phone #: _____ Alternate phone #: _____

Citizenship: U.S. Resident alien Non-resident alien

If a Non-resident alien, indicate country of residence: _____

Driver's license?: Yes No If yes, please provide: State: _____ License No: _____

If no Driver's license, complete the following:

Country/state: _____ Government Issued ID type: _____

ID Number: _____ Expiration Date: _____

Participant Occupation: _____

Are you affiliated with or employed by a member of FINRA? Yes No If yes, name of member: _____

Are you either a senior military, governmental or political official in a non-US country or closely associated with an immediate family member of such official? Yes No

If yes, identify the official, office held and country: _____

Are you an officer, director or 10% owner of a publicly traded company? Yes No

If yes, company name: _____

3. Beneficiary Designation

This designation will apply to all of your investments maintained in connection with Equitable Retirement Vision. If you do not designate a beneficiary or if no beneficiary survives you, your benefit will be paid in accordance with the terms of your Plan. If you designate a trust as a beneficiary, please include the name and TIN of the trust, the date the trust was created and the name of the trustee. If you wish to name more beneficiaries than space allows, please attach a separate sheet with the same information.

(a) Primary Beneficiary(ies) (If more than one, indicate %)*

Primary Beneficiary #1 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

Primary Beneficiary #2 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

Primary Beneficiary #3 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

(b) If all Primary Beneficiaries pre-decease me, I designate: (If more than one, indicate %)*

Contingent Beneficiary #1 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

Contingent Beneficiary 2 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

Contingent Beneficiary #3 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

Contingent Beneficiary #4 Name: _____ %

Relationship to Participant: _____ SSN TIN/EIN _____ Date of Birth: _____

Address: _____ Phone Number: _____

*Please make sure that the percentages for each group of beneficiaries total 100%. If no percentage is indicated, benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries).

4. Investment Allocation Election

Listed below are the investments that are available to you through your retirement plan. Indicate how you would like your contributions (including, but not limited to, amounts attributable to contract exchanges, direct transfers and rollovers) allocated by whole percentages only. The total of all investment options must equal 100%.

Investment Options:	Investment Allocation Percentage	
1919 SOCIALLY RESPONSIVE BALANCED I	_____	%
AB SMALL CAP GROWTH Z	_____	%
AMERICAN FUNDS NEW WORLD R6	_____	%
BAIRD CORE PLUS BOND INST	_____	%
BLACKROCK HIGH YIELD BOND K	_____	%
EQUITABLE FIXED ACCOUNT	_____	%
FIDELITY 500 INDEX	_____	%
FIDELITY MID CAP INDEX	_____	%
FIDELITY SMALL CAP INDEX	_____	%
FIDELITY TOTAL INTERNATIONAL INDEX	_____	%
FIDELITY US BOND INDEX	_____	%
GOLDMAN SACHS SMALL CP VAL INSGHTS R6	_____	%
HARBOR CAPITAL APPRECIATION RETIREMENT	_____	%
JPMORGAN MID CAP GROWTH R6	_____	%
JPMORGAN US EQUITY R6	_____	%
MFS INTL DIVERSIFICATION R6	_____	%
MFS MID CAP VALUE R6	_____	%
MFS VALUE R6	_____	%
PRINCIPAL REAL ESTATE SECURITIES INST	_____	%
VANGUARD FEDERAL MONEY MARKET INVESTOR	_____	%
VANGUARD LIFESTRATEGY MODERATE GR INV	_____	%
VANGUARD TARGET RETIREMENT 2020 INV	_____	%
VANGUARD TARGET RETIREMENT 2025 INV	_____	%
VANGUARD TARGET RETIREMENT 2030 INV	_____	%
VANGUARD TARGET RETIREMENT 2035 INV	_____	%
VANGUARD TARGET RETIREMENT 2040 INV	_____	%
VANGUARD TARGET RETIREMENT 2045 INV	_____	%
VANGUARD TARGET RETIREMENT 2050 INV	_____	%
VANGUARD TARGET RETIREMENT 2055 INV	_____	%
VANGUARD TARGET RETIREMENT 2060 INV	_____	%
VANGUARD TARGET RETIREMENT 2065 INV	_____	%
VANGUARD TARGET RETIREMENT 2070 INV	_____	%
VANGUARD TARGET RETIREMENT INCOME INV	_____	%
TOTAL	_____	%

Total of all investment options chosen must equal 100%

Equitable Fixed Account: The Equitable Fixed Account is a group fixed annuity contract issued by Equitable Financial Life Insurance Company.

If the Equitable Fixed Account is available above, participant-directed transfers from the Equitable Fixed Account to other investment options in the Plan are only allowed to non-Competing Investment Options and must be held in the non-Competing Investment Option for a period of no less than 90 days. A Competing Investment Option means an investment option under the Plan which (i) provides a direct or indirect guarantee of interest crediting or investment performance; (ii) is invested primarily in a portfolio of fixed income or similar assets (such as a

stable value fund, money market fund or bond fund); (iii) is invested primarily in financial vehicles which are in turn, invested substantially in a portfolio described in (ii) above; or (iv) any other annuity contract.

A Market Value Adjustment may be applied if the Employer terminates the group fixed annuity contract under certain circumstances.

Equitable Financial Life Insurance Company (Equitable) reserves the right to adjust the fixed or stated rate of return prospectively during the term of the Contract or agreement. Equitable sets interest rates quarterly, according to established procedures. Equitable reserves the right to change these procedures. For additional information, including current and minimum crediting rates, please contact your financial professional or call a customer service representative at (888) 234-5152.

5. Participant Signature and Acknowledgment

I acknowledge that I am eligible to participate in the retirement plan offered by my employer and hereby request to participate in the custodial account arrangement. I understand that my employer and Benefit Trust Company (Custodian) have executed a Custodial Account Agreement for Equitable Retirement VisionSM. I understand that the risks, charges, expenses and investment objectives of the mutual funds available in the program are contained in the prospectus of each mutual fund which are available in electronic format at www.equitable.com and I acknowledge that it is my responsibility to read the prospectus(es) of any fund in which I invest. I acknowledge that I am solely responsible for (i) the decision to participate in my employer's retirement plan and (ii) for the Investment Allocation Elections I may make from time to time. In making these decisions, I have not received and will not receive investment advice or recommendations from Equitable Financial Life Insurance Company. I acknowledge that I am not opening a brokerage account with any Equitable affiliated entity, including Equitable Distributors. I understand that the Internal Revenue Code and/or my employers plan document may impose restrictions on transfers and/or distributions. I also agree to be bound by the terms, fees and charges associated with the retirement plan and I understand that my participant account under the plan may be subject to fees and charges for recordkeeping and administrative services. I understand Equitable Fixed Account is not a mutual fund and that transfers from Equitable Fixed Account may be restricted according to the terms and provisions of the group fixed annuity contract. I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the U.S. Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal. I acknowledge that I have read and understand the information contained in the Plan's Enrollment Kit.

I hereby represent that all statements contained herein are full, complete, and true as written. I hereby agree that all contributions remitted on my behalf will be allocated to the applicable investment options as designated on this form.

Participant Signature: _____ Date: _____

6. Financial Professional/Plan Servicing Agent

Broker/Dealer Name: _____

Broker/Dealer Address: _____

I am an Equitable Advisor

Representative Name: _____ SSN(Last Four Digits): _____ %

Representative Code/Number: _____ Agency Code: _____ Representative Insurance License #**:

Representative Name: _____ SSN(Last Four Digits): _____ %

Representative Code/Number: _____ Agency Code: _____ Representative Insurance License #**:

Representative Name: _____ SSN(Last Four Digits): _____ %

Representative Code/Number: _____ Agency Code: _____ Representative Insurance License #**:

Representative Name: _____ SSN(Last Four Digits): _____ %

Representative Code/Number: _____ Agency Code: _____ Representative Insurance License #**:

Representative Name: _____ SSN(Last Four Digits): _____ %

Representative Code/Number: _____ Agency Code: _____ Representative Insurance License #**:

**Insurance License required if Equitable Fixed Account is an available investment option within the Plan.

I have verified the identity of the Participant by reviewing the driver's license / passport or if taken via the mail, a copy of the driver's license / passport is in the file. If the Participant checked "yes" in the Broker Transfer Authorization Section of this form, I hereby accept my authority to perform transactions described in the Broker Transfer Authorization Section pursuant to the direction provided by the participant.

x

Financial Professional Signature _____ Date _____

The Equitable Retirement VisionSM defined contribution program consists of a custodial account offered through Benefit Trust Company, within which plan participants' chosen mutual fund shares are held, as well as a group fixed annuity contract (generic form number 2016FA-MFrev, 2016FA-MF403b) issued by Equitable Financial Life Insurance Company ("Equitable Financial"). This program is distributed by Equitable Distributors, LLC ("Equitable Distributors"). Equitable Financial and Equitable Distributors are located at 1345 Avenue of the Americas, NY, NY 10105, (212) 314-4600. Equitable Financial is solely responsible for meeting the obligations of the group fixed annuity contract.

Offered by affiliated and unaffiliated entities, the program is the result of various strategic partnerships, including one between Equitable Distributors, LLC and PlanConnect, LLC. The Equitable Retirement Plan ServicesSM platform includes recordkeeping, trading and custodial services to plan sponsors for the program. Benefit Trust Company serves as custodian of mutual funds selected by plan participants. PlanConnect, LLC serves as the platform's record-keeper.

Equitable Retirement Plan ServicesSM and Equitable Retirement VisionSM are service marks of the contractual arrangements between affiliated and/or unaffiliated entities within the platform; PlanConnect[®] is a registered service mark of PlanConnect, LLC (100 Madison Street, Syracuse, NY 13202. (800) 923-6669). Equitable Financial, Equitable Distributors and PlanConnect, LLC are separate, but affiliated companies. Benefit Trust Company is a separate and unaffiliated company.

The investments in this program are subject to investment risks, including possible loss of the principal invested. They are not insured by the Federal Deposit Insurance Corporation nor are they deposits to, obligations of, or guaranteed by any bank.