

A Guide To Using The Hartford's Electronic Enrollment

Electronic enrollment is an Internet-based service that makes it easy and convenient for you to join your employer's retirement plan. You can access electronic enrollment at your convenience from anywhere you have Internet access – 24 hours a day, seven days a week. With this service, you submit your enrollment request electronically to The Hartford, avoiding the extra step and delay that paper forms add to the enrollment process.

Simply log on to retire.hartfordlife.com and follow these steps:

On the Retirement Plans home screen, under Act, click on the "Enroll" button.

On the "Enroll" screen, view the steps for enrolling. When you are ready to enroll, click the "Enroll" link in Step 2.

On the "Login" screen, type in your user ID (it is Social Security Number). Then type in your Personal Identification Number (PIN), exactly as it appears here 711870. This number is assigned by The Hartford to your plan. Click on the "Login" button to continue.

Enroll

The "Welcome to Hartford *Online* Enroll" screen, contains important information about the electronic enrollment process. Please read it in full and click the "Accept" button if you accept the statements. The "Do Not Accept" button will terminate the online enrollment session.

Upon clicking "Accept" the first screen is "Personal Information." Some data may be prefilled. Complete any empty fields and make any corrections to prefilled data. **Please note:** You will *not* be able to edit prefilled salary or date-of-hire information. Please contact your employer to make any corrections to fields you cannot edit.

Defer

On the "Deferral" screen, type in the amount you would like to contribute to your employer's retirement plan in the "Salary Deferral Information" section.

Click "Next" to continue.

Choose Investments

On the "Elections" screen, select your investment elections using whole percentages and make sure your selections total 100%. You will also be able to view performance for the investment elections available under your plan on this screen.

Click "Next" to continue.

Designate a Beneficiary

On the "Beneficiary" screen you have the option of designating a beneficiary for your account. To designate a beneficiary, click on the link ("here") to download and print the beneficiary form. A copy of this form is also included in this booklet. You must complete, sign and submit the form to your employer for the beneficiary designation to be effective.

Click "Next" to continue.

Disclosures

On the "Disclosure" screen, please read the statements and click the "Accept" button if you agree with the statements. You have now provided all the data necessary to submit an enrollment request. If you click the "Do Not Accept" button the session will terminate and The Hartford will not process your enrollment request.

Verify

On the "Verification" screen, review the information to make sure that the data is accurate. If you find an error you can make corrections by clicking on the "edit information" box for the section that needs to be corrected. Once you are sure the data is accurate, click the "Confirm" button to continue.

Confirm

When the "Confirmation" screen displays, print the screen for a record of the confirmation number. You will receive written confirmation and e-mail confirmation (if you provided your e-mail address). Click the "Logout" button to exit the electronic enrollment site. Enrollment is complete when you receive your welcome letter via U.S. mail. The welcome letter will include your new PIN for access to your retirement plan account information.

If you have any questions about using electronic enrollment, please call during normal business hours (Monday through Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m., Eastern Standard Time, excluding holidays.).

Beneficiary Designation Form.

Albin Engineering Services, Inc. 401(k) Plan

Group Number:711870	Social Security Number:
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EMPLOYEE INFORMATION

Last Name:	First:	M.I.
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Are you currently married?

- Yes If you designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below. In addition, if applicable, the Plan Administrator may require you to complete a qualified preretirement survivor annuity waiver.
- No

Receipt of this form in the offices of your Employer cancels all prior beneficiary designations and spousal consent filed with your Employer. No change of Beneficiary will take effect until this request has been received in good order by your Employer.

BENEFICIARY INFORMATION

Upon your death, all proceeds from the Plan will be paid to your beneficiary(ies) in the order specified below. Only you, the participant, may change this designation. If you do not designate a beneficiary, or your beneficiary and spouse, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Please type or print the following information for each beneficiary:

Primary Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

Contingent Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

PLEASE SEE THE REVERSE SIDE FOR EXAMPLES OF PROPER BENEFICIARY DESIGNATIONS

I hereby designate the person(s) listed above as my beneficiary(ies) under the Plan.

Employee Signature	/ / Date
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Spousal Consent Agreement – To be completed if Primary Beneficiary is other than spouse (if applicable)

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

Spousal Signature	/ / Date
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Signature of Witness (Plan Administrator or Notary Public)	/ / Date
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TO BE RETAINED BY PLAN ADMINISTRATOR

BENEFICIARY DESIGNATION

- A. If you are married, the beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or plan administrator, to designate another beneficiary.
- B. A married woman should be indicated by her own given name, not that of her husband. Example: Mary N. Jones, not Mrs. John R. Jones.
- C. Please complete the Beneficiary Designation **including** name, address, Social Security number, date of birth, relationship, and percentage of death benefit (totaling 100%).

Listed below are some common beneficiary designations:

<u>Type of Beneficiary</u>	<u>Examples of Designations</u>
One Beneficiary	Jane Doe, wife, 100%
Two or more Primary Beneficiaries, equally among the survivors	John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34% or equally among the survivor(s)
Two or more Primary Beneficiaries, with their share to their children	John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34% <u>per stirpes</u>
Primary and Contingent Beneficiaries either or	Jane Doe, wife, 100% if living; otherwise, children (name each child) equally among the survivors <u>per stirpes</u>
Participant's Estate Trustee	Participant's Estate Jane Doe, trustee under trust agreement* dated...

If the word "trustee" is used in a beneficiary designation, the date of the execution of the agreement or a copy of the trust agreement must be furnished.

Please retain a copy for your records..

Step 3

REQUEST THE BENEFIT CHECK – If you have not done so already, complete any applicable withdrawal forms and submit them to your Prior Plan Administrator or IRA provider. For a direct rollover, please provide your Prior Plan Administrator or IRA Provider with the following information:

Checks should be made payable to:

Hartford Life Insurance Company
FBO (Your Name, Social Security Number, and Hartford Group Number)

Checks should be mailed to:

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

Step 4

SUBMISSION – Once you have completed the enrollment process, submit the following forms to Hartford Life Insurance Company using the mailing address above:

- **This Rollover Submission Form**
- **If you are not already enrolled, an Enrollment Form**
- **If you have already received the check directly or are making an indirect rollover**, a check for the rollover made payable as noted above. If this is an indirect rollover, please note that, absent an IRS approved waiver, an indirect rollover must be completed within 60 days of an eligible rollover distribution. Refer to the withholding tax notice or your tax professional for more information.

Questions? The following Hartford resources are available:

- **HartfordOnline**—<http://retire.hartfordlife.com> (for enrolled participants only)
- **The Hartford's automated voice system– 1-800-339-4015**
 - **Interactive voice response system available 24/7**
 - **Customer Service Specialists available Monday through Thursday, 8:00 a.m. to 7:00 p.m. and Friday, 8:00 a.m. to 6:00 p.m. Eastern Time, excluding holidays**

Rollover Submission Form not valid without both Employee and Plan Administrator Signatures
Please retain a copy for your records

Hartford*Online* is your one-stop resource for managing your Hartford retirement plan account

<http://retire.hartfordlife.com>

Check out all you can do on Hartford*Online*:

- Account inquiries and transfers/changes (including asset rebalancing)
- Investment choice performance, benchmark indices, unit value/share prices
- Personalized rate of return
- Statements and newsletter articles
- Investment education
- Planning tools/calculators

Can't find what you need online? Call

**The Hartford's automated voice system:
1-800-339-4015**

- 24-hour, 7-day-a-week access to automated line
- Customer Service Representatives available
Monday through Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m.,
Eastern Standard Time, excluding holidays.