

Savings Contribution Rate Election Form

USW Industry 401(k) Plan

Plan Number: 60005

Name (first, middle, last): _____

Address: _____

street

city

state

zip

E-mail: _____ Birth Date: ____/____/____
mo day yr

Date of Hire: ____/____/____
mo day yr

Telephone No.: _____

Social Security No.: ____ - ____ - ____

Marital Status: Married Not Married

Employer Name: _____

If you want to have your Statement of Account printed in Spanish, please check this box.

Employee Contribution Rate

Please select the percent of earnings that you would like to contribute per pay period, up to a total of 100% of your pay. The amount you contribute may not exceed the IRS maximum limits each year. If you contribute to another 401(k) plan this year, your pre-tax contributions to that plan are included in the annual dollar limit on elective deferrals. Consult your Summary Plan Description for more information about these limits and for the definition of earnings.

Please select (in whole percentages) the percentage of earnings you would like to contribute per pay period:

A. Pre-tax Contributions:

____ %

B. After-tax Roth Contributions: (check with your Employer for availability)

____ %

C. After-tax (non-Roth) Contributions: (check with your Employer for availability)

____ %

D. ____ I elect **not** to make any contributions to the USW Industry 401(k) Fund.

Consult your Summary Plan Description for more information about the differences among these contributions.

Signature

Participant

Date

Send completed form to your employer. Your employer will provide a copy to the USW Industry 401(k) Fund, 1101 Kermit Dr., Ste. 800, Nashville, TN 37217

Effective on December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Through this transaction, business written by MassMutual is reinsured by Great-West Life & Annuity Insurance Company (GWLA) and in New York by Great-West Life & Annuity Insurance Company of New York. Concurrently, MassMutual retroceded business it reinsures from a cedent, which MassMutual assumed in a previous transaction. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period.

GWFS Equities, Inc., is the distributor of the MassMutual insurance products sold on Empower's platform. Empower Retirement refers to the products and services offered by GWLA and its subsidiaries. GWFS Equities is a subsidiary of GWLA and an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment advisers Advised Assets Group, LLC and Personal Capital. Empower is not affiliated with MassMutual or its affiliates.

Investment Election Form

USW Industry 401(k) Plan

Plan Number: 60005

Complete this form for your initial enrollment by mailing to: MassMutual®, PO Box 219062, Kansas City, MO 64121-9062. Remember, you can always make future changes to your investment election through MassMutual's participant web site www.MassMutual.com/uswindustry401k, or by calling 1-800-743-5274.

Name (first, middle, last): _____

Email Address: _____

Address: _____

Telephone No.: _____

Birth Date: _____ / _____ / _____
mo day yr

Social Security No.: _____ - _____ - _____

Hire Date: _____ / _____ / _____
mo day yr

Employer Name: _____

Investment Selection

Until you make your investment selection, your contributions will be invested in the Target Date Fund listed below which has the target retirement date closest to your 65th birthday or, if you are at or past your 65th birthday, in the Vanguard Retirement Income Fund. Following your enrollment, you will receive a transaction confirmation that will tell you specifically in which Target Date Fund on your contributions have been invested. Subject to certain restrictions, you may redirect your contributions to any other investment option under the Plan at any time.

Option 1 – Age Based Investment Option. (If you make a selection here, do not make a selection under any other option. If multiple Investment Options are selected, you will be defaulted as instructed above.)

Vanguard Target Retirement Income Fund	_____ %
Vanguard Target Retirement 2015 Fund	_____ %
Vanguard Target Retirement 2020 Fund	_____ %
Vanguard Target Retirement 2025 Fund	_____ %
Vanguard Target Retirement 2030 Fund	_____ %
Vanguard Target Retirement 2035 Fund	_____ %
Vanguard Target Retirement 2040 Fund	_____ %
Vanguard Target Retirement 2045 Fund	_____ %
Vanguard Target Retirement 2050 Fund	_____ %
Vanguard Target Retirement 2055 Fund	_____ %
Vanguard Target Retirement 2060 Fund	_____ %
Vanguard Target Retirement 2065 Fund	_____ %

Total – 100%

Option 2 – Create your own investment strategy:

The minimum investment selection for any investment option is 1% and may be increased in increments of 1%. The sum of your elections must equal 100%.

Lower	Stable Value Fund	_____ %
	Baird Core Plus Bond Fund	_____ %
	Vanguard Total Bond Market Index Fund	_____ %
	Vanguard ShortTerm Inflation-ProtectedSec Fund	_____ %
	Vanguard Extended Market Index Fund	_____ %
	Vanguard Institutional Index Fund	_____ %
	Vanguard Target Retirement Income Fund	_____ %
	Vanguard Target Retirement 2015 Fund	_____ %
	Vanguard Target Retirement 2020 Fund	_____ %
	Vanguard Target Retirement 2025 Fund	_____ %
	Vanguard Target Retirement 2030 Fund	_____ %
	Vanguard Target Retirement 2035 Fund	_____ %
	Vanguard Target Retirement 2040 Fund	_____ %
	Vanguard Target Retirement 2045 Fund	_____ %
	Vanguard Target Retirement 2050 Fund	_____ %
Vanguard Target Retirement 2055 Fund	_____ %	
Vanguard Target Retirement 2060 Fund	_____ %	
Vanguard Target Retirement 2065 Fund	_____ %	
Champlain Mid Cap Fund	_____ %	
Aristotle Small Cap Equity Fund	_____ %	
Vanguard Total International Stock Index Fund	_____ %	
Gold Sachs GQG Prtnrs IntlOpsFund	_____ %	

Total – 100%

A Target Date Fund may not achieve its objective and/or you could lose money on your investment in the fund. You may experience losses near, at, or after the target date. There is no guarantee of the fund's principal value, including at the target date, or that the fund will provide adequate income at and through your retirement.

Investment Election Form (continued)

USW Industry 401(k) Plan

Plan Number: 60005

You will receive an Investment Selection Confirmation report from MassMutual for your records. You may change your investment selection by calling 1-800-743-5274 or accessing the Internet (www.MassMutual.com/uswindustry401k): each available 24 hours a day, 7 days a week. You may change your investment selection daily for future contributions and transfer existing balances between investments daily at no charge. MassMutual cannot guarantee availability during periods of high demand.

Important Note: If MassMutual receives this form and you have already made changes to your elections through phone or the Internet, the most recently dated activity will prevail.

For more complete information about each investment, including charges and expenses, we recommend that you read each investment's prospectus and investment profile carefully before investing. Asset allocation doesn't protect against loss or ensure a profit, but can be a sound investment strategy. You can read and print copies for all of your plan's investment options through the web site at www.MassMutual.com/uswindustry401k. You also may contact our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday to request a prospectus.

Signature

Participant

Date

Mail to: MassMutual, PO Box 219062, Kansas City, MO 64121-9062

To name your beneficiary, visit www.MassMutual.com/uswindustry401k to download the Beneficiary Designation Form or call MassMutual at 1-800-743-5274.

Beneficiary Designation

USW Industry 401(k) Plan

Plan Number: 60005

Name (first, middle, last): _____

E-mail Address: _____ Birth Date: _____/_____/_____

Address: _____ Hire Date: _____/_____/_____

Social Security No.: _____-_____-____ Telephone No.: _____

Marital Status: Married Not Married

Employer Name: _____

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, a beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.

This designation supersedes any prior designation.

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: _____

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____

Address: _____

Phone: _____ E-mail address: _____

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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If you are married and you have not elected your spouse as primary beneficiary, please have your spouse provide consent on the reverse side of this form.

Note: The amount payable to a primary beneficiary who predeceases the participant will be divided among the living primary beneficiaries based on their pro rata allocation.

Beneficiary Designation

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Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Note: The amount payable to a primary beneficiary who predeceases the participant will be divided among the living primary beneficiaries based on their pro rata allocation.

Spousal Consent: I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me unless I have been designated as the sole primary beneficiary.

Spouse's Signature	Date
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Notary Public's Signature	Date	Date Commission Expires
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Signature

I hereby certify that all of the information provided on this form is true and correct and that my spouse must consent to any future changes. I understand that this beneficiary designation supersedes any previous designation.

Participant	Date
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Mail to: MassMutual, PO Box 219062, Kansas City, MO 64121-9062