



Enrollment form.

Plan name: CWA Savings and Retirement Trust

Plan ID: 990500050

You must complete this form whether you choose to participate in the Plan or not. Complete Section 1 and choose the appropriate boxes in Sections 2 and 3. Complete the remaining sections as indicated. If you choose to participate in the Plan, you must also complete the Designation of Beneficiary Form. Changes to your existing account balance or future investment elections may be made by calling the Retirement Plan Information Line at 1-800-854-0647 or by logging on to your Retirement Access account at cwasrt.com. Your original enrollment form must be completed and returned to CWA Savings and Retirement Trust, ATTN: Trust Office, 501 Third Street, NW Washington, DC 20001. Phone: 1-800-987-0721 Fax: 1-202-783-2748.

1. EMPLOYEE INFORMATION.

Name _____ Employer name _____
Address _____
City _____ State _____ Zip code _____
Social Security Number _____ Date of birth _____
Email address _____ Daytime phone number _____

2. TYPE OF ENROLLMENT.

New employee _____ Plan entry date _____
 Re-enrolled employee _____ Re-enrollment date _____

3. ELECTION TO MAKE CONTRIBUTIONS.

I authorize my employer to withhold from my wages each pay period a before-tax amount equal to _____%.
(Not to exceed 50%) **Note:** Before-tax contributions are determined by your CBA/Joinder Agreement.
 I authorize my employer to withhold from my wages each pay period an after-tax amount equal to _____%.
(Not to exceed 10%) **Note:** After-tax contributions are determined by your CBA/Joinder Agreement.
 I choose not to make salary deferrals in the Plan.

4. INVESTMENT ELECTION.

The Plan offers you two different ways to manage your account. You may select your own investments by choosing from the individual options on **the following page** or you can select ONE Asset Allocation Strategy. The Asset Allocation Strategies offer a pre-mixed investment approach.

Option 1: Select your own investment options

The funds in your plan are grouped by asset class. To create your own asset allocation strategy, enter your investment election percentages at right, using whole numbers only (multiples of 1%). **Make sure your percentages total 100%.**

International Stocks

American Funds Euro-Pacific Growth Fund _____%
Dreyfus International Index Fund _____%

Continued on next page

Small/Medium Cap Stocks

Victory Established Value Fund _____%

Columbia Small Cap Value II Fund _____%

BlackRock Small Cap Growth Equity _____%

Janus Enterprise Fund _____%

Dreyfus Mid Cap Index Fund _____%

Dreyfus Small Cap Stock Index _____%

Large Company Stocks

American Funds Growth Fund of America _____%

Dreyfus S&P 500 Index Fund _____%

Calvert Social Investment Equity Fund _____%

MFS Value Fund _____%

Stocks & bonds

Janus Balanced Fund _____%

Bond

PIMCO Total Return _____%

Templeton Global Bond Fund _____%

PIMCO Real Return _____%

Stable value

Fixed Fund _____%

MFS Money Market Fund _____%

Total _____%

Please note: Exchanges from the Fixed Fund into the MFS Money Market Fund are prohibited. The Fixed Fund does not permit exchange from the Fixed Fund to funds defined as similar funds. Similar funds are generally defined as money market, short term, or intermediate term bond funds which have duration/maturity of four years or less.

Option 2: Select one of the Asset Allocation Strategies

Asset Allocation Strategies seek to provide a simple, one-step approach to investing by offering you a choice of four Funds based upon risk tolerance. Designed to be used as a single-choice investment approach, each Asset Allocation Strategy is made up of a pre-selected mix of mutual funds. Please review the enclosed Investment Questionnaire and the Asset Allocation Strategies Chart.

Choose **ONE** of the following:

- Conservative Allocation Strategy
- Growth Allocation Strategy
- Moderate Allocation Strategy
- Aggressive Growth Allocation Strategy

5. PARTICIPANT SIGNATURE.

By signing below, I acknowledge I have read a copy of the prospectus for each fund to be purchased and understand its terms. I have the right to change, amend, or otherwise revoke this agreement, in writing, subject to plan administration provisions.

Employee signature _____ Date _____

6. CWA TRUST OFFICE AUTHORIZATION.

CWA Trust Authorization _____ Date _____

Before investing, you should carefully consider the investment objectives, risks, charges and expenses of the mutual funds or The Hartford's group variable annuity products and funding agreements, and their underlying funds. For fund and product prospectuses and/or a disclosure document containing this and other information, contact your financial professional or visit our website. Read them carefully.

"The Hartford" is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life Insurance Company, Hartford Retirement Services, LLC ("HRS"), and Hartford Securities Distribution Company, Inc. ("HSD"). HSD (member FINRA and SIPC) is a registered broker/dealer affiliate of The Hartford.

Retirement programs can be funded by group fixed or variable annuity products and funding agreements issued by Hartford Life Insurance Company (Simsbury, CT). Group variable contracts are underwritten and distributed by HSD, where applicable. HRS and HSD offer certain service programs for retirement plans through which a sponsor or administrator of a plan may also invest in mutual funds on behalf of plan participants.