Participant Enrollment
401(k) Plan

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION 401(K) 746424-01

Participant Information

Last Name | First Name | MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Mailing Address

E-Mail Address

City | State | Zip Code

Mo | Day | Year — Date of Birth

❑ Female ❑ Male

❑ Married ❑ Unmarried

( ) Home Phone ( ) Work Phone

❑ Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? ❑ Yes ❑ No

Would you like help consolidating your other retirement accounts into your account with Empower?* ❑ Yes, I would like a representative to call me at phone #_______-__________-__________ to review my options and assist me with the process. The best time to call is _______ to_______ A.M./ P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to your Plan's provisions.

Payroll Information

❑ I elect to contribute ________% (0% - 100%) per pay period of my compensation as EMPLOYEE VOLUNTARY AFTER TAX contributions to the 401(k) Plan until such time as I revoke or amend my election.

❑ I elect to contribute ________% (0% - 100%) per pay period of my compensation as EMPLOYEE ELECTIVE DEFERRAL contributions to the 401(k) Plan until such time as I revoke or amend my election.

❑ I elect to contribute ________% (0% - 100%) per pay period of my compensation as ROTH EMPLOYEE ELECTIVE DEFERRAL contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed $22,500.00. If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

❑ I decline to make contributions to the Plan at this time.

Payroll Effective Date: ____|____|____ (Mo Day Year) Date of Hire: ____|____|____ (Mo Day Year)

Age 50 Catch-Up Election

The total before-tax and Roth Age 50 Catch-Up amount cannot exceed $7,500.00 of my eligible compensation in the 2023 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

See below for Participation Agreement and Required Signatures

NAME	TICKER	CODE	%
American Funds 2010 Trgt Date Retire R6	N/A	S0506B	____
American Funds 2015 Trgt Date Retire R6	N/A	S6626B	____
American Funds 2020 Trgt Date Retire R6	N/A	S4744B	____
American Funds 2025 Trgt Date Retire R6	N/A	S8423A	____
American Funds 2030 Trgt Date Retire R6	N/A	S9236B	____
American Funds 2035 Trgt Date Retire R6	N/A	S1174B	____
American Funds 2040 Trgt Date Retire R6	N/A	S9362A	____
American Funds 2045 Trgt Date Retire R6	N/A	S7748A	____
American Funds 2050 Trgt Date Retire R6	N/A	S1704C	____
Vanguard Small Cap Index Adm	N/A	S1007B	____
MassMutual Small Company Val I	N/A	S6130B	____
BlackRock Mid-Cap Growth Equity K	N/A	S2460C	____
MFS Mid Cap Value R6	N/A	S6219B	____
Vanguard Mid Cap Index Admiral	N/A	S4012B	____
American Funds Fundamental Invs R6	N/A	S7575A	____
BlackRock Equity Dividend K	N/A	S7866A	____
Fidelity 500 Index	N/A	S3611B	____
Hartford Dividend and Growth R6	N/A	S3053B	____

Last Name	First Name	M.I.	Social Security Number	746424-01 Number

NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
American Funds 2055 Trgt Date Retire R6	N/A	S9122B	_____	JPMorgan Growth Advantage R6	N/A	S2725F	_____
American Funds 2060 Trgt Date Retire R6	N/A	S5222B	_____	JPMorgan US Equity R6	N/A	S2552B	_____
American Funds 2065 Trgt Date Retire R6	N/A	S5108B	_____	MassMutual Blue Chip Growth I	N/A	S6679B	_____
American Funds Capital World Gr&Inc R6	N/A	S7865A	_____	American Funds American Balanced R6	N/A	S5816B	_____
American Funds New World R6	N/A	S4896B	_____	Hartford Balanced Income R6	N/A	S9857A	_____
Columbia Global Value Inst3	N/A	S0040B	_____	MassMutual 40/60 Allocation I	N/A	S9408A	_____
DFA International Core Equity I	N/A	S8782A	_____	MassMutual 20/80 Allocation I	N/A	S9724A	_____
DFA International Small Company I	N/A	S4119B	_____	MassMutual 60/40 Allocation I	N/A	S9642A	_____
DFA International Vector Equity I	N/A	S8925E	_____	MassMutual 80/20 Allocation I	N/A	S4342B	_____
Hartford Schroders International Stk SDR	N/A	S5536C	_____	American Funds American High-Inc R6	N/A	S0283B	_____
MFS International Growth R6	N/A	S9159A	_____	Columbia Strategic Income Inst3	N/A	S8646B	_____
BlackRock Health Sciences Opps K	N/A	S2529B	_____	BNY Mellon Global Fixed Income - Y	N/A	S5032B	_____
DWS RREEF Real Estate Securities R6	N/A	S9558A	_____	MassMutual Strategic Bond I	N/A	S2356B	_____
DFA Commodity Strategy Institutional	N/A	S6817B	_____	MFS Government Securities R6	N/A	S8301A	_____
MFS Utilities R6	N/A	S0643C	_____	PIMCO Real Return Instl	N/A	S5672B	_____
T. Rowe Price Financial Services I	N/A	S4685E	_____	Pioneer Strategic Income K	N/A	S7804A	_____
Vanguard Energy Adm	N/A	S8083B	_____	General Account	N/A	THPFA3	_____
Invesco Small Cap Growth R6	N/A	S0874B	_____	**MUST INDICATE WHOLE PERCENTAGES**			=100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

% of Account Balance | Social Security Number | Primary Beneficiary Name | Date of Birth

( )

Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Contingent Beneficiary

100.00%

% of Account Balance | Social Security Number | Contingent Beneficiary Name | Date of Birth

( )

Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

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Spousal Consent for Beneficiary Designation

The date your spouse signs below must match the date on which his or her signature was notarized.

I, (name of spouse) ____ , the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

____ ____________________

Spouse's Signature **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

The spouse's signature must be notarized by a Notary Public. The date of the spouse's signature on this form must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. ***If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.***

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary **NOTE: Notary seal must be visible.**

State of _______________)
)ss.
County/Parish/Borough of
______________________)

The consent to this request was subscribed and sworn (or affirmed) to before me on this _______ day of ________, year ______________, by (name of spouse) ____ proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his or her free and voluntary act.

SEAL

Notary Public's signature ____ My commission expires _______/______/______

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Notary Public's full name ____ Telephone number ______________________

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-800-338-4015 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

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Last Name	First Name	M.I.	Social Security Number	Number

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form.

Important Notice: If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

Participant Signature **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay

Participant forward to Plan Administrator
Plan Administrator forward to Service Provider at:
Empower
PO Box 56025
Boston, MA 02205-6025
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-800-338-4015
We will not accept hand delivered forms at Express Mail addresses.

Print Full Name

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.