

Enrollment Record - State of South Carolina 401(a)

Optional Retirement Program

Overnight Mail Address:
 Retirement Plan Service Center
 Hartford Life Insurance Company
 200 Homewood Street, Simsbury, CT 06089

Mail Address:
 Retirement Plan Service Center
 Hartford Life Insurance Company
 PO Box 1583, Hartford, CT 06144-1583



Group No: 153006 Social Security No: _____

Employer Name: MEDICAL UNIVERSITY OF SOUTH CAROLINA

Employer Code: 30500 Division Name/ Subsidiary Code: _____

Employee Name: (Last, First, M.I.) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Sex: (M or F) _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

A. CONTRIBUTIONS

I elect to have the mandatory % of my compensation contributed to the Plan as a Designated Employee Contribution. I understand that the contribution will be "picked up" by my employer sponsoring the Plan in accordance with Section 414(h)(2) of the Internal Revenue Code. I understand and agree that this election is irrevocable and cannot be changed.

Current Annual Salary \$

B. BENEFICIARY I designate the following person(s) as my beneficiary(ies) under the Plan. See page 2 for examples.

Primary Beneficiary Name	Relationship	%
Contingent Beneficiary Name	Relationship	%

C. SIGNATURES

I understand that all values provided by the group contract, when based on investment experience of the investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount.

I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2 of this form.

Signed in the state of _____ on Date _____

Participant Signature _____

Plan Sponsor Signature _____

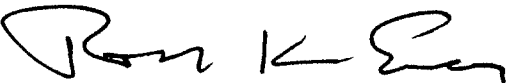
D. INVESTMENT ELECTION

I elect to have my future contributions invested as follows.

SELECTIONS MUST BE IN WHOLE PERCENTAGES TOTALING 100%

	% (JR) AIM Real Estate
	% (J7) Baron Small Cap
	% (VY) Bernstein Int'l Portfolio
	% (S4) GE Premier Growth Equity
	% (1B) Hartford Total Return Bond HLS
	% (N2) Hotchkis & Wiley Large Cap Value
	% (AY) Munder MC Core Growth
	% (UG) Oakmark Equity & Income
	% (PP) PIMCO Real Return
	% (RG) SSgA S&P 500 Flagship
	% (V6) SSgA Dow Jones Target 2015
	% (V7) SSgA Dow Jones Target 2025
	% (V8) SSgA Dow Jones Target 2035
	% (V9) SSgA Dow Jones Target 2045
	% (VA) SSgA Dow Jones Target Today
	% (R5) Victory Diversified Stock
	% General (Declared Rate) Account
100%	

E. REPRESENTATIVE INFORMATION



Registered Representative Signature

ROSS K. EVANS

Printed Name of Registered Representative

877204

Writing Agent Producer Code

250-80-6944

Writing Agent Tax ID

EDWARD JONES 43-0345811

Firm Name/ Firm Tax ID

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Group No: **153006** Social Security No: _____

Employer Name: **MEDICAL UNIVERSITY OF SOUTH CAROLINA**

Employer Code: **30500** Division Name/ Subsidiary Code: _____

Employee Name: (Last, First, M.I.) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Sex: (M or F) _____

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E. REPRESENTATIVE INFORMATION

Mike Wiggins
 Registered Representative Signature

MIKE WIGGINS
 Printed Name of Registered Representative

7305247
 Writing Agent Producer Code

7305247000
 Writing Agent Tax ID

EDWARD JONES / 43-0345811
 Firm Name/ Firm Tax ID

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