

EMPLOYEE RETIREMENT ELECTION

PARTICIPANT'S LAST NAME		FIRST NAME		MI	CONTRACT NO. GA - 990033
NAME OF CONTRACT HOLDER					CERTIFICATE NUMBER
SEX	LOCATION	SOCIAL SECURITY NUMBER		SERVICE DATE	DATE OF ENTRY
DEPARTMENT					

I HEREBY APPLY FOR PARTICIPATION IN THE RETIREMENT PLAN FUNDED THROUGH THE GROUP ANNUITY CONTRACT ISSUED TO THE ABOVE NAMED CONTRACTHOLDER BY GENERAL AMERICAN LIFE INSURANCE COMPANY AND AUTHORIZED DEDUCTIONS FROM MY EARNINGS OF AMOUNTS SUFFICIENT TO COVER MY MONTHLY CONTRIBUTIONS UNDER SAID PLAN.

ALSO I HEREBY DESIGNATE AS MY BENEFICIARY, WITH RIGHT TO CHANGE RESERVED:

BENEFICIARY'S NAME			RELATIONSHIP TO PARTICIPANT		
BENEFICIARY'S ADDRESS		CITY	STATE	ZIP CODE	

IF MORE THAN ONE PERSON IS NAMED BENEFICIARY THE DEATH BENEFIT, UNLESS OTHERWISE REQUESTED ABOVE, WILL BE PAID IN EQUAL SHARES TO THE DESIGNATED PERSONS WHO SURVIVE THE PARTICIPANT: IF NO BENEFICIARY SURVIVES, PAYMENT WILL BE MADE IN ACCORDANCE WITH THE TERMS OF THE PLAN.

DATED AT FLORENCE, ALABAMA		ON
MY DATE OF BIRTH IS	SIGNATURE OF PARTICIPANT	

GENERAL AMERICAN LIFE INSURANCE COMPANY

EMPLOYEE WAIVER AND RELEASE

I HAVE BEEN GIVEN THE OPPORTUNITY TO BECOME INCLUDED IN THE RETIREMENT PLAN PROVIDED UNDER THE GROUP ANNUITY CONTRACT ISSUED TO MY EMPLOYER BY GENERAL AMERICAN LIFE INSURANCE COMPANY AND AFTER SERIOUS CONSIDERATION, ELECT NOT TO PARTICIPATE.

ALL RIGHTS AND PRIVILEGES TO WHICH I WOULD HAVE BEEN ENTITLED UNDER THE GROUP ANNUITY CONTRACT ARE HEREBY WAIVED AND GENERAL AMERICAN LIFE INSURANCE COMPANY IS RELEASED FROM ANY AND ALL LIABILITY WITH RESPECT TO ME UNDER SAID CONTRACT.

NAME OF EMPLOYER CITY OF FLORENCE, FLORENCE ALABAMA	
DATED AT FLORENCE, ALABAMA	ON
SIGNATURE OF EMPLOYEE	