

## Beneficiary Designation 401(a) Plan

CE	RF Savings Plan - 40	)1(a) Plan				98993-02
Fo	r My Information					
	For questions regarding this Use black or blue ink when	•	te at empowermyretirement.c	com or contact Service F	Provider at 1-800-701-82	55.
Α	Participant Information	on				
	Account extension, if applica transferred to a beneficiary death, alternate payee du participant with multiple acco	due to participant's e to divorce or a	Account Extension	Social Security Numb	eer (Must provide all 9 digits,	
	Last Name (The name provided MUST n	natch the name on file w	First Name with Service Provider.)	e M.I.	Date of Birth  ( )  Daytime Phone Num	nber
	Email Address				( )	
	☐ Married ☐ Un	married			Alternate Phone Nur	mber
В	Beneficiary Designati	ON (Attach an addition	nal sheet to name additional be	eneficiaries.)		
	Primary Beneficiary D	Designation (Primar	y beneficiary designations mu	st total 100% - percentage	e can be made out to two o	lecimal places.)
<ul> <li>Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimes.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such or estate.</li> </ul>						
	% of Account Balance	Primary Beneficiary			rity or Taxpayer	Date of Birth
		(Name of Individual, Tru	ust, Charity, etc.) ationship (Required - If Relation	Identification		or Trust Date
	Phone Number (Optional)		Spouse		-	· ·
	% of Account Balance	Primary Beneficiary (Name of Individual, Tro		Social Secu Identification	rity or Taxpayer n Number	Date of Birth or Trust Date
	( ) Phone Number (Optional)		ationship <i>(Required - If Relation</i> Spouse □ Child □ Paren Domestic Partner		-	· ·
	% of Account Balance	Primary Beneficiary	Name	Social Secu	rity or Taxpayer	Date of Birth
		(Name of Individual, Tru	ust, Charity, etc.) ationship (Required - If Relation	Identification		or Trust Date
	Phone Number (Optional)		Spouse			
Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal						to two decimal places.)
	%					/ /
	% of Account Balance	Contingent Beneficia (Name of Individual, Tru	ust, Charity, etc.)	Identification		Date of Birth or Trust Date
	Phone Number (Optional) %		ationship <i>(Required - If Relation</i> Spouse □ Child □ Paren Domestic Partner		•	,
	% of Account Balance	Contingent Beneficia (Name of Individual, Tru		Social Secu Identification	rity or Taxpayer n Number	Date of Birth or Trust Date
	( ) Phone Number (Optional)		ationship <i>(Required - If Relation</i> Spouse □ Child □ Paren Domestic Partner		-	· ·

	Last Name	F	First Name	M.I.	Social Secu	rity Number	98993-02 Number	
В	Beneficiary Designation	(Attach an ad	ditional sheet to name addition	onal heneficia	ries )			
_	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)  Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.							
	Contingent Beneficiary i	Jesignation	1 (Contingent beneficiary des	ngnations mu	st total 100% - p	ercentage can be made t	out to two decimal places.)	
	% % - f A + D - l O -		- Calama Nama		0		/ /	
			eficiary Name al, Trust, Charity, etc.)			curity or Taxpayer ion Number	Date of Birth or Trust Date	
	Phone Number (Optional)		Relationship (Required - If R  Spouse Child D  Domestic Partner			·		
С	Signatures and Consent	(Signatures m	ust be on the lines provided.)					
	Participant Consent for I	Beneficiary	Designation (Please sign	on the 'Partici	ant Signature' lir	ne below.)		
	I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.							
	This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).							
	I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.							
	Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.							
	Participant Signature Date (Required)							
	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 Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.)  I accept the information provided by the participant on this form.							
	Authorized	, ,	•					
	Plan Administrator Si	_					•	
	A handwritten signature is	required on	this form. An electronic s	ignature wil	not be accep	ted and will result in a	a significant delay.	
	Print Full Name							
D	Mailing Instructions							
	Participant forward this for	m to:						
	Empower Retirement 133 South 11th Street Suite 230 St. Louis, MO 63102 Fax: 1-855-785-7329							
	After all signatures have been obtained, this form can be sent by							
	Fax to: Empower Retirement 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764		OR	Express Mail to: Empower Retiremer 8515 E. Orchard Ro Greenwood Village,	ad	
	We will not accept hand delive	ered forms a	t Express Mail addresses.					

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.

## This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS

**Example 1: Multiple Individuals as Beneficiaries** 

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	<ul> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>							
	33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Required - If F	Relationship is not provided, request will be rejected a	and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ □ Domestic Partner	Parent □ Grandchild ■ Sibling □ My Es	state   A Trust   Other				
	33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Required - If F	Relationship is not provided, request will be rejected a	and sent back for clarification.)				
	Phone Number (Optional)		Parent ☐ Grandchild ■ Sibling ☐ My Es					
	33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957				
	% of Account Balance	Primary Beneficiary	Social Security or Taxpayer	Date of Birth				
		(Name of Individual, Trust, Charity, etc.)	Identification Number	or Trust Date				
	(XXX) XXX-XXXX Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)							
	Phone Number (Optional)		Parent ☐ Grandchild ■ Sibling ☐ My Es	· · · · · · · · · · · · · · · · · · ·				
Exa	mple 2: Trust as Ben							
В	<b>Beneficiary Designation</b>	On (Attach an additional sheet to name additi	onal beneficiaries.)					
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	<ul> <li>See the attached exam or estate.</li> </ul>	iary designations if the beneficiary is a non-indi	ividual, such as a trust, charity					
	100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)						
	Phone Number (Optional)		Parent   Grandchild   Sibling   My Es					
		□ Domestic Partner						
	mula 2: Fatata aa Ba	a officion /						
<u>еха</u> В	ample 3: Estate as Beneficiary  Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)  Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, char or estate.							
	100 %	Estate of Anne Doe		/ /				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
(XXX) XXX-XXXX Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarific								
	Phone Number (Optional)	□ Spouse □ Child □ Domestic Partner	Parent ☐ Grandchild ☐ Sibling ■ My Es	state				

## **Example 4: Charity as Beneficiary**

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)  Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)					
	<ul> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charit or estate.</li> </ul>					
	100 %	ABC Charity	XX-XXXXXX	1 1		
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date		
	(XXX) XXX-XXXX Phone Number (Optional)		ship is not provided, request will be rejected ar t □ Grandchild □ Sibling □ My Est	,		