Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-701-8255.

	<u> </u>		ту неріасе	ement Program (S	SSRP) Deferred Compe	nsauon Pian				
A	Participant Information	n			Account extension identifie	ne funde transferred to a				
				beneficiary due to death, alte	Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce					
	Social Security Number		Account Exte	ension	or a participant with multiple accounts. / /					
	Last Name		First Name	M.I.	Date of Birth					
	Street Address				Personal Phone Number					
	City		State	Zip Code	Work Phone Number					
	Email Address				☐ Married ☐ Unmarrie	d				
	Division/Payroll Center									
В	Primary Beneficiary D	esignation (Attach an addi	tional sheet to	o name additional bene	ficiaries.)					
	%					1 1				
	% of Account Balance	Primary Beneficiary Name		Relationship	Social Security Number	Date of Birth				
	Street Address		City		State	Zip Code				
	%	Deinem Deneficien Nome		Dalationahin	Canial Canusity Number	Date of Birth				
	% of Account Balance	Primary Beneficiary Name		Relationship	Social Security Number	Date of Birth				
	Street Address		City		State	Zip Code				
	%					/ /				
	% of Account Balance	Primary Beneficiary Name		Relationship	Social Security Number	Date of Birth				
	Street Address		City		State	Zip Code				
	Contingent Beneficiary Designation									
	%					/ /				
	% of Account Balance	Contingent Beneficiary Na	me	Relationship	Social Security Number	Date of Birth				
	Street Address		City		State	Zip Code				
	% of Account Balance	Contingent Beneficiary Na	mo	Relationship	Social Security Number	/ / Date of Birth				
	% of Account Balance	Contingent beneficiary Nat	me	Relationship	Social Security Number	Date of Birth				
	Street Address		City		State	Zip Code				
	% of Account Balance	Contingent Beneficiary Na	me	Relationship	Social Security Number	Date of Birth				
	Street Address		City		State	Zip Code				
С	Participant Consent									
	the Plan, I am making the beneficiary, the account surviving primary beneficiary beneficiaries, amounts with delivery to Service Provintis designation superse upon death will be divided	ne above beneficiary design will be divided as specifie ciaries. Contingent beneficial predeceases me, his or he will be paid pursuant to the der. If any information is misedes all prior designations. It is a equally. Primary and cor	ations for my d. If a prima ries will recei er benefit will terms of the ssing, addition Beneficiaries ntingent ben	vested account in the ry beneficiary predece ve a benefit only if the be allocated to the se Plan or applicable land information may be will share equally if peeficiaries must separ	form. Subject to and in accorned event of my death. If I have be ease me, his or her benefit ever is no surviving primary be curviving contingent beneficiaria.  This designation is effect to required prior to recording metercentages are not provided a ately total 100% in whole per awal Benefit, the primary beneficially.	more than one primary will be allocated to the neficiary, as specified. If es. If I fail to designate ive upon execution and by designation.  Ind any amounts unpaid ercentages.				

					98492-02				
	Last Name	First Name	M.I.	Social Security Number	Number				
	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 Web site at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.  Any person who presents false or fraudulent information is subject to criminal and civil penalties.								
	Participant Signature			Date (Required)					
D	Mailing Instructions								
	Participant forward to Service Provi	ider							
	Great-West Retirement Services®								

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