

401(k) / 457 Program

Texa\$aver 457 Plan

98960-02

| or My Inform | ation | | | | | |
|----------------------------------|--|---|-----------------------|---------------------------------|---------------------------|--------------------------------|
| For questions | regarding thi | is form, visit the website at www.texas | aver.com or contac | t Service Provider | at 1-800-634-5091. | |
| Use black or | blue ink when | completing this form. | | | | |
| A Participa | nt Informati | on | | | | |
| death, alter | ension, if applic o a beneficiary nate payee du vith multiple acc | able, identifies funds due to participant's le to divorce or a ounts. Account Exten | sion Soc | cial Security Numbe | (Must provide all 9 digi | ts) |
| Last Name | | | First Name | M.I. | / Date of Birth | / |
| Last Name | | | i list Name | WI.I. | | |
| Email Add | ess | | | | Daytime Phone Nu | ımber |
| Married | U 🗆 t | nmarried | | | () Alternate Phone N | umber |
| Beneficia | ry Docional | ion (Attach on additional short to name | additional banafiai | arian) | | |
| Denenicia | ry Designal | ion (Attach an additional sheet to name | e additional benefici | aries.) | | |
| Primary E | Beneficiary | Designation (Primary beneficiary des | ignations must tota | I 100% in whole perc | entages.) | |
| or estat | e. | mples on how to complete the below b | peneficiary designa | tions if the benefici | ary is a non-individual | , such as a trust, charity |
| % of Accou | Int Balance | Primary Beneficiary Name | Relationship | Social Secur | ity or Taxpayer | / / Date of Birth |
| | | (Name of Individual, Trust, Charity, etc.) | Kelationanip | Identification | | or Trust Date |
| Street Add | ress | City | | State | 9 | Zip Code |
| Phone Nur % | nber <i>(Optional)</i> | | | | | / / |
| % of Accou | int Balance | Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Securi Identification | ity or Taxpayer Number | Date of Birth or Trust Date |
| Street Add | ress | City | | State | 9 | Zip Code |
| Phone Nur | nber <i>(Optional)</i> | | | | | |
| % |) | | | | | 1 1 |
| % of Accou | int Balance | Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Secur Identification | ity or Taxpayer Number | Date of Birth or Trust Date |
| Street Add | ress | City | | State | 5 | Zip Code |
| Phone Nur | nber <i>(Optional)</i> | | | | | |
| Continge | nt Beneficia | ary Designation (Contingent benefic | iary designations m | ust total 100% in wh | ole percentages.) | |
| - on ange | | | | | | |
| 9 | | | | | | / / |
| % of Accou | int Balance | Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Securi Identification | ity or Taxpayer Number | Date of Birth or Trust Date |
| Street Add | ress | City | | State | 9 | Zip Code |
| Phone Nur | nber <i>(Optional)</i> | | | | | |

| | | | | | | 98960-02 | |
|---|--|--|---|---|---|---|--|
| Last Name | | First Name | M.I. | Social Sec | curity Number | Number | |
| Beneficiary Designa | ation (Attach a | n additional sheet to name | e additional beneficia | aries.) | | | |
| Contingent Benefic | iary Designa | tion (Contingent benefic | iary designations m | ıst total 100% iı | n whole percentages.) | | |
| % | | | | | | 1 1 | |
| % of Account Balance | | Beneficiary Name ividual, Trust, Charity, etc.) | Relationship | | ecurity or Taxpayer ation Number | Date of Birth or Trust Date | |
| Street Address () | | City | | | State | Zip Code | |
| Phone Number (Optiona | al) | | | | | 1 1 | |
| % of Account Balance | | Beneficiary Name ividual, Trust, Charity, etc.) | Relationship | | ecurity or Taxpayer ation Number | Date of Birth or Trust Date | |
| Street Address | | City | | | State | Zip Code | |
| Phone Number (Optional | al) | _ | | | | | |
| the account will be div beneficiaries. Continger predeceases me, his or pursuant to the terms or is missing, additional in This designation supers death will be divided eq I understand that Servic of the Treasury ("OFAC OFAC as a specially de about/organizational-str | ided as specifi nt beneficiaries her benefit will f the Plan or ap formation may sedes all prior of qually. Primary ce Provider is re C ^{on}). As a result, esignated natio ructure/offices/l | ry designations for my v ed. If a primary benefic will receive a benefit on be allocated to the survi plicable law. This design be required prior to reco designations. Beneficiari and contingent benefic equired to comply with th Service Provider canno nal or blocked person. F Pages/Office-of-Foreign- se or fraudulent cla | iary predeceases n by if there is no surviving contingent bernation is effective up ording my designation es will share equall ciaries must sepan re regulations and not t conduct business for more information Assets-Control.asp | ne, his or her iving primary b leficiaries. If I fa oon execution a on. y if percentage rately total 10 equirements of with persons i n, please acce x. | benefit will be allocated beneficiary, as specified. ail to designate beneficia and delivery to Service P es are not provided and a 0% in whole percentag if the Office of Foreign As in a blocked country or a less the OFAC website at | d to the surviving primal If a contingent beneficial aries, amounts will be pa Provider. If any informatic any amounts unpaid upo ges. ssets Control, Departme any person designated b | |
| Participant Signa | Participant Signature | | | | Date (Required) | | |
| Mailing Instructions | 6 | | | | | | |
| After all signatures ha | ave been obtai | ined, this form can be | sent by | | | | |
| Fax to: Empower Retirement 1-866-745-5766 | OR | Regular Mail to: Empower Retiremen PO Box 173764 Denver, CO 80217- | | OR | Express Mail to: Empower Retiremen 8515 E. Orchard Ro Greenwood Village, | bad | |

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

Example 1: Multiple Individuals as Beneficiaries

| Primary Beneficiary I | Designation (Primary benefi | iciary designations must | total 100% in whole percentages.) | |
|--|--|---|---|---|
| · · · · · | | | gnations if the beneficiary is a non-inc | lividual, such as a trust, cha |
| 33 % | John M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary (Name of Individual, Trust, Ch | Relationship arity, etc.) | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 111 Elm Street | | Anytown | MO | 60000 |
| Street Address | | City | State | Zip Code |
| (XXX) XXX-XXXX | | | | |
| Phone Number (Optional) | | | | |
| 33 % | Don M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary (Name of Individual, Trust, Ch | Relationship parity, etc.) | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 222 North Avenue | | Anytown | CA | 90000 |
| Street Address | | City | State | Zip Code |
| (XXX) XXX-XXXX Phone Number (Optional) | | | | |
| 34 % | Michelle L. Doe | Sictor | XXX-XX-XXXX | 01/06/1057 |
| 34 % % of Account Balance | Primary Beneficiary | Sister Relationship | Social Security or Taxpayer | 01/06/1957 Date of Birth |
| 70 OF ACCOUNT Datafice | (Name of Individual, Trust, Ch | | Identification Number | or Trust Date |
| 333 West Blvd | | Anytown | со | 80000 |
| Street Address | | City | State | Zip Code |
| (XXX) XXX-XXXX | | | | • |
| (////////////////////////////////////// | | | | |
| | | | | |
| Phone Number (Optional) | | | | |
| Phone Number (Optional) | neficiary | | P (1, 1,) | |
| Phone Number (Optional) | | et to name additional bene | eficiaries.) | |
| Phone Number (Optional) nple 2: Trust as Bel Beneficiary Designat | neficiary ion (Attach an additional shee | | eficiaries.) total 100% in whole percentages.) | |
| Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designat Primary Beneficiary I | neficiary ion (Attach an additional shee Designation (Primary benefi | iciary designations must | total 100% in whole percentages.) | lividual, such as a trust, cha |
| Phone Number (Optional) nple 2: Trust as Bei Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. | neficiary ion (Attach an additional shee Designation (Primary benefi mples on how to complete the | iciary designations must e below beneficiary desi | total 100% in whole percentages.) gnations if the beneficiary is a non-inc | |
| Phone Number (Optional) nple 2: Trust as Bei Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe | iciary designations must e below beneficiary desi Trust | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXXX | 06/30/2015 |
| Phone Number (Optional) nple 2: Trust as Bei Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. | neficiary ion (Attach an additional shee Designation (Primary benefi mples on how to complete the | iciary designations must e below beneficiary desi Trust Relationship | total 100% in whole percentages.) gnations if the beneficiary is a non-inc | |
| Phone Number (Optional) nple 2: Trust as Bei Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 150 Main Street | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cl | iciary designations must e below beneficiary desi Trust Relationship harity, etc.) Anytown | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXXX Social Security or Taxpayer | 06/30/2015 Date of Birth or Trust Date 60000 |
| Phone Number (Optional) nple 2: Trust as Bei Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 150 Main Street Street Address | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cl | iciary designations must e below beneficiary desi Trust Relationship harity, etc.) | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXXX Social Security or Taxpayer Identification Number | 06/30/2015 Date of Birth or Trust Date |
| Phone Number (Optional) nple 2: Trust as Bei Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 150 Main Street | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cl | iciary designations must e below beneficiary desi Trust Relationship harity, etc.) Anytown | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXXX Social Security or Taxpayer Identification Number MO | 06/30/2015 Date of Birth or Trust Date 60000 |
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| Phone Number (Optional) nple 2: Trust as Ben Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cl | iciary designations must e below beneficiary desi Trust Relationship harity, etc.) Anytown | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXXX Social Security or Taxpayer Identification Number MO | 06/30/2015 Date of Birth or Trust Date 60000 |
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| Phone Number (Optional) nple 2: Trust as Ben Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) nple 3: Estate as Beneficiary Designat | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cl eneficiary ion (Attach an additional shee | iciary designations must e below beneficiary desi Trust Relationship harity, etc.) Anytown City | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXX Social Security or Taxpayer Identification Number MO State | 06/30/2015 Date of Birth or Trust Date 60000 |
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| Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) nple 3: Estate as Ber Beneficiary Designat Primary Beneficiary I • See the attached exa or estate. 100 % % of Account Balance 45 East Road | neficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cl eneficiary ion (Attach an additional shee Designation (Primary benefit mples on how to complete the Estate of Anne Doe Primary Beneficiary (Name of Individual, Trust, Cl | iciary designations must e below beneficiary desi Trust Relationship harity, etc.) Anytown City et to name additional bene iciary designations must e below beneficiary desi Estate Relationship harity, etc.) Anytown | total 100% in whole percentages.) gnations if the beneficiary is a non-inc XX-XXXXXX Social Security or Taxpayer Identification Number MO State eficiaries.) total 100% in whole percentages.) gnations if the beneficiary is a non-inc Social Security or Taxpayer Identification Number MO | 06/30/2015 Date of Birth or Trust Date 60000 Zip Code lividual, such as a trust, cha / / Date of Birth or Trust Date 60000 |

Example 4: Charity as Beneficiary

| Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.) | | | | | | | | |
|--|---|------------------------------|--|--------------------------------|--|--|--|--|
| Primary Beneficiary D | Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.) | | | | | | | |
| See the attached exam or estate. | 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. | | | | | | | |
| 100 % | ABC Charity | Charity | XX-XXXXXXX | 1 1 | | | | |
| % of Account Balance | Primary Beneficiary (Name of Individual, Trust, Cha | Relationship arity, etc.) | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | | | | |
| 75 South Place | A | Anytown | CO | 80000 | | | | |
| Street Address | C | City | State | Zip Code | | | | |
| (XXX) XXX-XXXX | | | | | | | | |
| Phone Number (Optional) | | | | | | | | |