

Texas\$aver 457 Plan

98960-02

For My Information

- For questions regarding this form, visit the website at www.texasaver.com or contact Service Provider at 1-800-634-5091.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

Email Address

Daytime Phone Number

Married

Unmarried

()

Alternate Phone Number

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)

- 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.

%				/ /
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code	
Phone Number (Optional)				

%				/ /
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code	
Phone Number (Optional)				

%				/ /
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code	
Phone Number (Optional)				

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)

%				/ /
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code	
Phone Number (Optional)				

Last Name

First Name

M.I.

Social Security Number

Number

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% in whole percentages.)*

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____	_____	_____	_____	____/____/____
Street Address (_____)		City	State	Zip Code
Phone Number <i>(Optional)</i>				

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____	_____	_____	_____	____/____/____
Street Address (_____)		City	State	Zip Code
Phone Number <i>(Optional)</i>				

C Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line 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% in whole percentages.**

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)** _____

D Mailing Instructions

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 Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
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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

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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.				
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	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, Charity, etc.)	Relationship	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	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Anytown	CO	80000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number (Optional)				

Example 2: Trust as Beneficiary

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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 %	Trust of Jane Doe	Trust	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
150 Main Street	Anytown	MO	60000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number (Optional)				

Example 3: Estate as Beneficiary

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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 %	Estate of Anne Doe	Estate	/ /	/ /
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
45 East Road	Anytown	MO	60000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number (Optional)				

Example 4: Charity as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>				
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i>				
<ul style="list-style-type: none"> 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	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
75 South Place		Anytown	CO	80000
Street Address		City	State	Zip Code
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				

Examples