

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) 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 Bei 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 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 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	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	06/30/2015 Date of Birth or Trust Date 60000 Zip Code dividual, such as a trust, cha
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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)								