



Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, visit the Web site at [www.southcarolinadcp.com](http://www.southcarolinadcp.com) or contact Service Provider at 1-877-457-6263.

<b>State of South Carolina Salary Deferral 401(k) Plan and Trust</b>		<b>98955-01</b>
<b>A</b>	<b>Participant Information</b> <i>(Provide Name, Social Security Number and Date of Birth as it currently appears on the account)</i>	
<p><small>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</small></p> <p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <span style="margin-left: 50px;">Account Extension</span> </p> <p style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="margin: 0 5px;">-</span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="margin: 0 5px;">-</span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> </p> <p style="text-align: center;">Social Security Number <i>(Must provide all 9 digits)</i></p> <p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <span style="margin-left: 20px;">/</span> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> <span style="margin-left: 20px;">/</span> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> </p> <p style="text-align: center;">Date of Birth</p> <p> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <span style="margin-left: 50px;">Last Name</span> <span style="margin-left: 50px;">First Name</span> <span style="margin-left: 50px;">M.I.</span> </p> <p>I have a retirement savings plan with a previous employer or an IRA.   <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		
<b>B</b>	<b>Name Change</b> <i>(Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order)</i>	
<p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <span style="margin-left: 50px;">Last Name</span> <span style="margin-left: 50px;">First Name</span> <span style="margin-left: 50px;">M.I.</span> </p>		
<b>Address and/or Contact Information Change</b>		
<p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></span> </p> <p style="text-align: center;">Street Address <span style="float: right;">City/State/Zip Code</span></p> <p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> <span style="margin-left: 20px;">( )</span> <span style="margin-left: 20px;">( )</span> </p> <p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <span style="margin-left: 50px;">Daytime Phone Number</span> <span style="margin-left: 50px;">Alternate Phone Number</span> <span style="margin-left: 50px;">Email Address</span> </p>		
<b>Personal Information Change</b>		
<p>Date of Birth <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> <i>(Attach a copy of Birth Certificate)</i></p> <p>Change of Status:   <input type="checkbox"/> Married   <input type="checkbox"/> Unmarried                      <input type="checkbox"/> Female   <input type="checkbox"/> Male</p>		
<b>Social Security Number Change</b> <i>(If I am still employed, I must obtain approval from my Employer)</i>		
<p>Social Security Number <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <i>(Attach a signed copy of Social Security Card)</i></p> <p>Investment balances and future allocation elections will not change as a result of this correction.</p>		
<b>C</b>	<b>Signatures and Consent</b>	
<b>Participant Consent</b>		
<p>I affirm that the information I have provided on this form is true and correct. Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <span style="margin-left: 50px;">Participant Signature</span> <span style="margin-left: 50px;">Date (Required)</span> </p>		
<b>Authorized Plan Administrator Signature</b> <i>(Required for Social Security Number changes only)</i>		
<p>I certify and accept that the information provided by the participant on this form is correct.</p> <p style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <span style="margin-left: 50px;">Authorized Plan Administrator Signature</span> <span style="margin-left: 50px;">Date (Required)</span> </p>		

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

<b>D</b>	<b>Mailing Instructions</b>							
	<p><b>After all signatures have been obtained, this form can be sent by</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>Fax to:</b>  <b>1-866-745-5766</b> </td> <td style="width: 33%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 33%; vertical-align: top;"> <b>Regular Mail to:</b>  Empower Retirement  PO Box 173764  Denver, CO 80217-3764 </td> </tr> <tr> <td style="width: 33%; vertical-align: top;"> <b>Express Mail to:</b>  Empower Retirement  8515 E. Orchard Road  Greenwood Village, CO 80111 </td> <td style="width: 33%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 33%;"></td> </tr> </table>			<b>Fax to:</b> <b>1-866-745-5766</b>	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764	<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	<b>OR</b>
<b>Fax to:</b> <b>1-866-745-5766</b>	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764						
<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	<b>OR</b>							

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