

Participant Enrollment 403(b) Plan

Participant Information			ı						
Last Name	First Name	MI	-		Socia	al Security	Number		
Mai	ling Address				I	E-Mail Ad	dress		
				□ Marri	ed 🗆 Ur	married	□ Female	e 🗆 Mal	e
City	State	Zip Code	Мо	Day	Year		Mo	Day	Year
Home Phone	Work Ph	one		ate of Bi	rth			ate of H	ire
Do you have a retirement savin Would you like help consolidat to call me at phone # P.M. (circle one - available 8:00	ing your other retirement a	accounts into your	account wi	ith Empov	wer Retiren	e best time			
Payroll Information									
☐ I elect to contribute \$	403(b) Plan until such t	% (up to \$18	or amend 3,500.00 or	my elect r 1% - 10	ion.	• 1	• •		
	:	Payroll Effectiv		lo Day	Year				
Payroll (Center Name				Pa	yroll Cent	er Number		
Divis	ion Name					Division 1	Number		
Investment Option Information regarding each investment of		all contributio	ns) - Plea	ise refer	to your co	mmunicat	tion material	s for info	ormation

INVESTMENT OPTION

INVESTMENT OPTION

NAME	TICKER	CODE	<u>%</u>	NAME	TICKER	CODE	<u>%</u>
Alliance Development Fund	N/A	CMAADF		TIAA-CREF Lifecycle Index Ret Inc Inst	. TRILX	TRILX	
Prudential High-Yield Q	PHYQX	PHYQX		TIAA-CREF Lifecycle Index 2010 Instl	TLTIX	TLTIX	
Prudential Total Return Bond Z	PDBZX	PDBZX		TIAA-CREF Lifecycle Index 2015 Instl	TLFIX	TLFIX	
Templeton Global Bond R6	FBNRX	FBNRX		TIAA-CREF Lifecycle Index 2020 Instl	TLWIX	TLWIX	
American Century Growth R6	AGRDX	AGRDX		TIAA-CREF Lifecycle Index 2025 Instl	TLQIX	TLQIX	
Invesco Growth and Income R6	GIFFX	GIFFX		TIAA-CREF Lifecycle Index 2030 Instl	TLHIX	TLHIX	
Steward Large Cap Enhanced Index Inst	SEECX	SEECX		TIAA-CREF Lifecycle Index 2035 Instl	TLYIX	TLYIX	
AMG Managers Fairpointe Mid Cap I	ABMIX	ABMIX		TIAA-CREF Lifecycle Index 2040 Instl	TLZIX	TLZIX	
JPMorgan Mid Cap Value L	FLMVX	FLMVX		TIAA-CREF Lifecycle Index 2045 Instl	TLXIX	TLXIX	
Columbia Small Cap Value II Instl 2	CRRRX	CRRRX		TIAA-CREF Lifecycle Index 2050 Instl	TLLIX	TLLIX	
Principal SmallCap Growth I Instl	PGRTX	PGRTX		TIAA-CREF Lifecycle Index 2055 Instl	TTIIX	TTIIX	

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more

information.

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Last Name	First N	ame	M.I	. Socia	al Security Number		Number	
INVE	STMENT OPTION			INVESTMENT OPTION				
NAME	·		<u>%</u> <u>NAI</u>			· ·	R CODE	<u>%</u>
Steward Small-Mid Cap Enhanc Cohen & Steers Instl Realty Sha		SCECX _ CSRIX		•	cle Index 2060 Ins	VMIAX	TVIIX VMIAX	
American Funds EuroPacific G					nal Index I		VINIX	
Oppenheimer Developing Mark	ets IODVIX	ODVIX _	MUS	ST INDICA	TE WHOLE PE	RCENTAGES		= 100%
Plan Beneficiary Desig	gnation							
Γhis designation is effecting either category, the surfle beneficiary. If any infing primary and contingent of the Plan Document or a surfle either the primary and continued the Plan Document or a surfle either the primary and continued the Plan Document or a surfle either the primary and continued	viving beneficiaries in formation is missing, a int beneficiaries predec	n that category dditional info	will share rmation ma	equally unly be require	ess otherwise in d prior to recor	ndicated. I have ding my benefic	the right to iary design:	change ation. I
This designation supers amounts unpaid upon d number of primary or c	eath will be divided	equally. Prim	ary and co	ntingent b	eneficiaries mu	ist separately to	tal 100.00°	nd any %. The
Primary Beneficiary	8					,	•	
#1 ·								
% of Account Balanc	ce Social Securi	ity Number	Primary	Beneficiary N	ame		Date of Bi	irth
()	Relati	ionship (Required	- If Relationship	is not provided.	reauest will be reiecte	d and sent back for cla	rification.)	
Phone Number (Optional)		1 . 1	•	•		y Estate 🚨 A Trus	,	
42								
% of Account Balance	ce Social Securi	ity Number	Primary	Beneficiary N	ame		Date of Bi	irth
% of Account Balance		•	•	·		d and sent back for cla		irth
% of Account Balance () Phone Number (Optional)	Relati	ionship (Required	- If Relationship	is not provided,	request will be rejecte	d and sent back for class	rification.)	irth
()	Relati	ionship (Required	- If Relationship	is not provided,	request will be rejecte	-	rification.)	irth
() Phone Number (Optional) Contingent Beneficiary	Relati	ionship (Required	- If Relationship	is not provided,	request will be rejecte	-	rification.)	irth
() Phone Number (Optional)	Relati	ionship (Required bouse	If Relationship	is not provided,	request will be rejecte Sibling M	-	rification.)	
() Phone Number (Optional) Contingent Beneficiary 41 .	Relati Sp See Social Securi	ionship (Required pouse	Parent C	is not provided, Grandchild t Beneficiary	request will be rejecte Sibling M Name	y Estate 🚨 A Trus	rification.) st	
() Phone Number (Optional) Contingent Beneficiary 41 .	Relati Sp See Social Securi	ionship (Required ouse	Continger	is not provided, Grandchild It Beneficiary	request will be rejecte Sibling M Name request will be rejecte	-	Date of Bi	
Phone Number (Optional) Contingent Beneficiary 1	Relati Sp See Social Securi	ionship (Required ouse	Continger	is not provided, Grandchild It Beneficiary	request will be rejecte Sibling M Name request will be rejecte	y Estate A Trus	Date of Bi	
Phone Number (Optional) Contingent Beneficiary 1	Relati	ionship (Required bouse	Continger If Relationship Capture of the second of the s	is not provided, Grandchild It Beneficiary	Name Sibling M Name Sibling M Name Request will be rejected. Sibling M	y Estate A Trus	Date of Bi	irth
Phone Number (Optional) Contingent Beneficiary f1	Relati Sp See Social Securi Relati Property Sp Social Securi	ionship (Required pouse	Continger Continger Continger	is not provided, Grandchild It Beneficiary is not provided, Grandchild It Beneficiary	Name Sibling M Name Sibling M Name Request will be rejected M Name	y Estate A Trus	Date of Bi	irth

GWRS FENRAP 12/13/17

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Last Name		First Name	M.I.	Social Security Number	Number
Spousal Cons	sent for Be	neficiary Designation			
Notice to California on the state nota	f <mark>ornia Nota</mark> ary form: the	(except California), please have ries using the California Affidave title of the form, the plan name, to forms not containing this informa	vit and Jurat Fo the plan number	orm the following items must, the document date, the partici	pant's name and participant
means that I wi I consent to it.	ll not receiv I understand	neficiary designation above and u e 100% of his or her vested accou I that my consent is irrevocable us vested account balance.	int balance unde	r the Plan and that my spouse's	s election is not valid unless
Spouse's Signa	ature			Date	
A handwritten	signature is	required on this form. An electro	onic signature v	vill not be accepted and will re	esult in a significant delay.
		State	ement of Nota	ry	
		NOTE: Notary seal	l must be visil	ole, if applicable.	
State of)	The consent to this request was		· · · · · · · · · · · · · · · · · · ·	
) ss.	of, year			
County of)	proved to me on the basis of sat	·	• • • •	ed before me, who affirmed
		that such consent represents his	/her free and vo	luntary act.	
				S	EAL
	Notary Pu	ıblic_		_ My commission expires	
	•	ritten signature is required on th			

Participation Agreement

a significant delay.

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the group annuity contract issued and/or the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response

				95803-01
Last Name	First Name	M.I.	Social Security Number	Number
	e in order to transfer monies fro ed on my behalf will be applied			
errors. Corrections will be n days, account information sl	nderstand that it is my obligation ade only for errors which I cornall be deemed accurate and accessed from the date of notification.	nmunicate within ceptable to me. If	90 calendar days of the last ca I notify Service Provider of an	lendar quarter. After this 90
Signature(s) and Conser	nt			
Participant Consent				
to comply with the regulation result, Service Provider can designated national or block	d and agree to all pages of this ons and requirements of the Off not conduct business with pers ed person. For more informatio out/organizational-structure/off	ice of Foreign As ons in a blocked on, please access t	ssets Control, Department of the country or any person designation of the OFAC Web site at:	te Treasury ("OFAC"). As a ted by OFAC as a specially
Important Notice: If you are you must have your spouse's	e married and the Plan is subject signature notarized to designat	et to spousal conso e a primary benef	ent requirements under ERISA iciary other than your spouse o	and/or the Plan Document r in addition to your spouse
Participant Signature			Date	
A handwritten signature is	required on this form. An elect Parti	_	will not be accepted and will re o Plan Administrator	esult in a significant delay.
Authorized Plan Administra	tor Approval			
Authorized Plan Administ	rator Signature		Date	
A handwritten signature is	required on this form. An elec	tronic signature	will not be accepted and will re	esult in a significant delay.
Print Full Name				
	Empo PO B Denv Expr 8515	ower Retirement fox 173764 fer, CO 80217-370 ress Address:	, Greenwood Village, CO 8011	1

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.