



Beneficiary Designation Governmental 457(b) Plan

Wisconsin Deferred Compensation Program

98971-01

For My Information

- For questions regarding this form, visit the Web site at www.wdc457.org or contact Service Provider at 1-877-457-9327.
- 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

()

Division/Employer/Payroll Center

Alternate Phone Number

- Married Unmarried Domestic Partner

B Beneficiary Designation

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

%					/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth	
%					/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth	
%					/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth	

Contingent Beneficiary Designation

%					/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth	
%					/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth	
%					/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth	

C Participant Consent

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. 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.

If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amount will be paid pursuant to the terms of the Wisconsin Plan and Trust Document as authorized under Wis. Stat. § 40.80 and other applicable States laws. See Wis. Stats. §§ 40.02(8)(a) and 40.74 regarding beneficiaries. Once a properly completed Beneficiary Designation is received and approved by the Service Provider, it remains in effect until you file a new designation or until there are further benefits payable. NOTE: A divorce, annulment, or similar event will not invalidate a Beneficiary Designation which named your former spouse. To remove a former spouse as a beneficiary, you must file a new designation.

I understand Wis. Stat. § 943.395 provide criminal penalties for making false or fraudulent claims on this form and hereby certify to the best of my knowledge and belief, the above information is true and correct.

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 the 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, the 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 Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

Participant Consent

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:
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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