

**Paycheck Contribution Election
Governmental 457(b) Plan**

City and Borough of Sitka

98335-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at www.empower-retirement.com/participant or contact Service Provider at 1-800-701-8255.

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)

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Last Name _____

First Name _____

M.I. _____

Daytime Phone Number _____

()

Division _____

Alternate Phone Number _____

Email Address _____

I have a retirement savings account with a previous employer or an IRA. Yes or No

I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to my Plan's provisions.

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: Start Restart Change Stop

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

Before-Tax Contributions \$ _____ or _____% (\$1.00 - \$18,000.00 or .1% - 100%)

Payroll Effective Date (mm/dd/yyyy) ____/____/____ Date of Hire (mm/dd/yyyy) ____/____/____

The total annual before-tax contributions cannot exceed \$18,000.00 of my eligible compensation in the 2015 tax year.

Multiple Recordkeepers (Specify recordkeeper name)

I elect to contribute the following amounts or percentages (per pay period) indicated below:

1. _____ \$ _____ or _____%
Recordkeeper Name

2. _____ \$ _____ or _____%
Recordkeeper Name

Catch-Up Election

Age 50 §457 Catch-Up:

I elect to contribute to the Plan additional Age 50 Catch-Up amount(s) or percentage(s) of my eligible compensation as indicated below (per pay period):

Before-Tax Contributions \$ _____ or _____%

Payroll Effective Date (mm/dd/yyyy) ____/____/____

The total before-tax Age 50 Catch-Up amount cannot exceed \$6,000.00 of my eligible compensation in the 2015 tax year. Only one type of §457 Catch-Up may be used in a calendar year. If I am eligible for both types of Catch-Up this year, I may select either Age 50 §457 Catch-Up or Special §457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year. I must be age 50 or older by the end of this calendar year and I may not use the Special §457 Catch-Up this year.

I elect to cancel my Catch-Up contribution election.

-OR-

Last Name

First Name

M.I.

Social Security Number

98335-01

Number

B Payroll Election(s)

Catch-Up Election

Special §457 Catch-Up:

I elect to contribute to the Plan the Special §457 Catch-Up amount(s) of my eligible compensation as indicated below (*per pay period*):

Before-Tax Special §457 Catch-Up amount of \$ _____

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

The total before-tax Special §457 Catch-Up amount cannot exceed \$18,000.00 of my eligible compensation in the 2015 tax year. (*When added to the basic contribution amount, the aggregate maximum available is \$36,000.00 in 2015.*) I may only use Special §457 Catch-Up in one or more of the three calendar years that **END PRIOR TO** Normal Retirement Age (NRA). I have designated my NRA year below. I must have "underutilized amounts" by not contributing the maximum amount available to me under this Plan in any prior calendar years in which I was eligible to participate. I have calculated the total underutilized amounts I have available for Special §457 Catch-Up using the attached Underutilized Amounts Worksheet as indicated below. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

NRA Year: _____ Underutilized Amount: \$ _____

I elect to cancel my Catch-Up contribution election.

C Signatures and Consent

Participant Consent

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- If I am increasing or decreasing my payroll deductions, the new deferral amount will take effect on the first pay period after the first of the month in which the change was made.
- If I am stopping payroll deductions, all existing deferrals will be cancelled.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

Authorized Plan Administrator Signature

I authorize the election indicated by the participant above.

Authorized Plan Administrator Signature _____ **Date (Required)** _____

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
1-866-745-5766

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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