Participant Enrollment
Governmental 457(b) Plan

City and Borough of Sitka — 98335-01

Participant Information

Last Name	First Name	MI

Address - Number & Street

City	State	Zip Code

( ) Home Phone

( ) Work Phone

Social Security Number

E-Mail Address

❑ Married ❑ Unmarried ❑ Female ❑ Male

Mo Day Year — Date of Birth

Mo Day Year — Date of Hire

Annual Income

Do you have a retirement savings account with a previous employer or an IRA? ❑ Yes ❑ No

Would you like help consolidating your other retirement accounts into your 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 your Plan's provisions.

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.empower-retirement.com/participant for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

❑ I elect to contribute $__________________ or ___________% ($1.00 - $18,000.00 or .1% - 100%) per pay period of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: ___|___|___
Mo Day Year

Division Name

Division Number

Managed Accounts Service Information

The Managed Accounts Service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment election for future contributions and will rebalance your account quarterly, if necessary. This election will be effective the day of receipt if received in good order by Service Provider prior to New York Stock Exchange market close. Any request received after New York Stock Exchange market close will be considered received the next business day. By electing the Managed Accounts Service, I agree to the fees associated with this service and understand the fee will be deducted from my account on a quarterly basis in accordance with the attached Managed Accounts Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

Managed Accounts Service:

❑ By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I revoke or amend my election.

-OR-

Select My Own Investment Options:

❑ I elect to direct my own investments. By declining the Managed Accounts Service, I agree to, understand and acknowledge the following:

Last Name	First Name	M.I.	Social Security Number	98335-01 Number

1. I had the opportunity to have an investment expert, Advised Assets Group, LLC ("AAG"), make investment decisions on my behalf and I chose not to accept this option.
2. I am required to direct all the investments of my accounts (current balance, future contributions and rollover monies) in this Plan by completing the investment election in the Investment Option Information section.
3. I take full responsibility for my own investment elections.
4. I have received and reviewed the information in my enrollment kit about my investment choices and have had an opportunity to freely choose how my accounts are invested. I further understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

Do not complete this section if you are electing to enroll in the Managed Accounts Service.

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

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.

INVESTMENT OPTION NAME	INVESTMENT OPTION CODE (Internal Use Only)	
Great-West Guaranteed Certificate Fund	GCFII	______%
Great-West Guaranteed Certificate Fund	GCFII	______%
Great-West Guaranteed Certificate Fund	GCFII	______%
MUST INDICATE WHOLE PERCENTAGES		**= 100%**

INVESTMENT OPTION

NAME	TICKER	CODE	%
*Great-West SecureFoundation LT 2015 G	N/A	SF15GC	____
*Great-West SecureFoundation LT 2020 G	N/A	SF20GC	____
*Great-West SecureFoundation LT 2025 G	N/A	SF25GC	____
*Great-West SecureFoundation LT 2030 G	N/A	SF30GC	____
*Great-West SecureFoundation LT 2035 G	N/A	SF35GC	____
*Great-West SecureFoundation LT 2040 G	N/A	SF40GC	____
*Great-West SecureFoundation LT 2045 G	N/A	SF45GC	____
*Great-West SecureFoundation LT 2050 G	N/A	SF50GC	____
*Great-West SecureFoundation LT 2055 G	N/A	SF55GC	____
*Great-West SecureFoundation Balanced G	N/A	SFBLGC	____
Great-West Lifetime 2015 Fund II T	N/A	15MTCF	____
Great-West Lifetime 2025 Fund II T	N/A	25MTCF	____
Great-West Lifetime 2035 Fund II T	N/A	35MTCF	____
Great-West Lifetime 2045 Fund II T	N/A	45MTCF	____
Great-West Lifetime 2055 Fund II T	N/A	55MTCF	____
Aggressive Profile	N/A	PS5-II	____
Moderately Aggressive Profile	N/A	PS4-II	____
Moderate Profile	N/A	PS3-II	____
Moderately Conservative Profile	N/A	PS2-II	____
Conservative Profile	N/A	PS1-II	____
Artisan International Fund	N/A	AI-II	____
Great-West MFS Intl Growth Fund I	N/A	MIW-II	____
Great-West MFS Intl Value Fund I	N/A	IEF-II	____
Oppenheimer Global Fund	N/A	OGA-II	____
Great-West Real Estate Index Initial	N/A	REI-II	____
Great-West S&P SmallCap 600 Index Fund I	N/A	MR2-II	____
Great-West Loomis Sayles SmCapVal Fund I	N/A	LSA-II	____
RidgeWorth Small Cap Growth Stock - I	N/A	SSG-II	____
Royce Total Return K	N/A	RTK-II	____

INVESTMENT OPTION

NAME	TICKER	CODE	%
Ariel Appreciation Fund	N/A	APP-II	____
Great-West Ariel Mid Cap Value Fund I	N/A	GF1-II	____
Great-West T Rowe Price MidCap Gr Fund I	N/A	TMC-II	____
Lord Abbett Value Opportunities A	N/A	LVP-II	____
RidgeWorth Mid-Cap Value Equity I	N/A	RIG-II	____
Invesco American Value R	N/A	VAV-II	____
American Century Equity Income Fund	N/A	EQI-II	____
American Funds Growth Fund R3	N/A	AFG-II	____
Dreyfus Appreciation	N/A	DAG-II	____
Great-West American Century Gr Fund I	N/A	MCA-II	____
Great-West Multi-Manager Lg Cap Growth I	N/A	MJL-II	____
Great-West S&P 500 Index Fund I	N/A	IN5-II	____
Great-West Stock Index Fund I	N/A	GF-II	____
Great-West T. Rowe Price Eq Inc Fund I	N/A	TEI-II	____
Invesco Comstock R	N/A	VSR-II	____
MFS Research R3	N/A	MFR-II	____
Great-West Bond Index Fund I	N/A	BI-II	____
Great-West Federated Bond Fund I	N/A	MBF-II	____
Great-West Loomis Sayles Bond Fund I	N/A	CBF-II	____
Great-West Templeton Global Bond Fund I	N/A	GB-II	____
Great-West US Govt Mortgage Secur Fund I	N/A	USG-II	____
PIMCO Total Return Admin	N/A	PTR-II	____
Putnam High Yield Advantage R	N/A	PHA-II	____
Great-West Guaranteed Certificate Fund 36 Month	N/A	GCFII	____
Great-West Guaranteed Certificate Fund 84 Month	N/A	GCFII	____
Great-West Guaranteed Certificate Fund 60 Month	N/A	GCFII	____
Great-West Guaranteed Government Fund	GGF	GGF	____
Great-West Daily Interest Guarantee Fund	N/A	DIGFII	____

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INVESTMENT OPTION

NAME	TICKER	CODE	%
Great-West Money Market Fund I..............	N/A	MMF-II	____
MUST INDICATE WHOLE PERCENTAGES			= 100%

Participation Agreement

***Great-West SecureFoundation®** - I understand that a Summary Disclosure Statement is attached to this form which contains information regarding the Guaranteed Lifetime Withdrawal Benefit. Additional documentation concerning the features associated with the Guaranteed Lifetime Withdrawal Benefit is available at www.empower-retirement.com/participant. If you have any questions, please call your Service Provider at 1-866-696-8232.

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options 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 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 investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts Service, I understand that I must provide my Social Security number, date of birth, gender, marital status and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts Service.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee 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 KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Managed Accounts Service Fee - If you elect the Managed Accounts Service, a quarterly fee will be assessed. If you wish to opt-out in the future please call an Advised Assets Group, LLC ("AAG") Representative at your Plan's KeyTalk® number.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement. I understand that 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, 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.
Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature **Date**

Participant forward to Plan Administrator/Trustee

Last Name	First Name	M.I.	Social Security Number	98335-01 Number

Authorized Plan Administrator/Trustee Approval

Authorized Plan Administrator/Trustee Signature **Date**

Plan Administrator forward to Service Provider at:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone #: 1-800-701-8255
Fax #: 1-866-745-5766