



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

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

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

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

Number \_\_\_\_\_

**C Signatures and Consent**

**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. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. 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.

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>.

Important Notice: If I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent section of this form.

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

**Participant Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**Spousal Consent**

I, *(name of spouse)* \_\_\_\_\_, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that by providing such consent, I am waiving my right to receive either all (if I am not designated as a primary beneficiary) or a percentage (if I and another person are designated as primary beneficiaries) of the participant's vested account which would otherwise be payable to me upon the participant's death. I understand that my consent is irrevocable unless my spouse changes beneficiary designation or designates me as a primary beneficiary to receive his or her entire vested account balance.

**Spouse's Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

If I live in California and my notary is required to use the state notary form, the following items must be completed by the notary on the state notary form: the title of the form I am completing, the plan name, the plan number, the document date, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

*My signature must be notarized by a Notary Public or witnessed by my spouse's Plan Administrator. The date I sign this form must match the date on which my signature is notarized or witnessed.*

This form may also be signed in front of a Postmaster or Division of Retirement and Benefits Representative.

**Statement of Notary**

**NOTE: Notary seal must be visible.**

The consent to this request was subscribed and sworn *(or affirmed)*

State of \_\_\_\_\_) to before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_

**SEAL**

Judicial \_\_\_\_\_)ss. *(name of spouse)* \_\_\_\_\_

District or \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person  
County of \_\_\_\_\_) who appeared before me, who affirmed that such consent represents  
his/her free and voluntary act.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Authorized Plan Administrator Signature**

I accept the information provided by the participant on this form.

If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence.

**Authorized Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

<b>D</b>	<p><b>Mailing Instructions</b></p> <hr/> <p><b>After all signatures have been obtained, this form can be sent by</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <b>Fax to:</b>  <b>1-303-801-5800</b> </td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 25%; vertical-align: top;"> <b>Regular Mail to:</b>  Empower Retirement  PO Box 173764  Denver, CO 80217-3764 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 30%; vertical-align: top;"> <b>Express Mail to:</b>  Empower Retirement  8515 E. Orchard Road  Greenwood Village, CO 80111 </td> </tr> </table>	<b>Fax to:</b> <b>1-303-801-5800</b>	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764	<b>OR</b>	<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
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