

Beneficiary Designation Governmental 457(b) Plan

Sta	ate of West Virginia Retirement F	Plus Deferred Compensati	ion Plan	98947-01				
Foi	r My Information							
	For questions regarding this form, visit the Use black or blue ink when completing this		ntact Service Provider at 1	-800-551-4218.				
Α	Participant Information							
	Account extension, if applicable, identifies funtransferred to a beneficiary due to participan death, alternate payee due to divorce or participant with multiple accounts.	t's	Social Security Number	er (Must provide all 9 digits)				
	Last Name (The name provided MUST match the name of	First Nam n file with Service Provider.)	ne M.I.	Date of Birth () Daytime Phone Number				
	☐ Married ☐ Unmarried			Alternate Phone Number				
В	Beneficiary Designation (Attach an a	dditional sheet to name additional be	eneficiaries.)					
	Primary Beneficiary Designation (can be made out to two decimal places.)				
	See the attached examples on how to or estate. %	complete the below beneficiary de	esignations if the beneficia	ary is a non-individual, such as a trust, charity				
	% of Account Balance Primary Benef	ual, Trust, Charity, etc.) Relationship (Required - If Relation		will be rejected and sent back for clarification.) ling □ My Estate □ A Trust □ Other				
	% of Account Balance Primary Benef (Name of Individual) Phone Number (Optional)	ual, Trust, Charity, etc.) Relationship (Required - If Relation		will be rejected and sent back for clarification.) ling □ My Estate □ A Trust □ Other				
	% of Account Balance Primary Benef	(Name of Individual, Trust, Charity, etc.)) Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)						
	Contingent Beneficiary Designation	On (Contingent beneficiary designati	ions must total 100% - perc	entage can be made out to two decimal places.)				
		• • •		will be rejected and sent back for clarification.)				
	% of Account Balance Contingent Be	• • •		will be rejected and sent back for clarification.)				

					98947-01		
Ī	Last Name	First Name	M.I.	Social Security Number	Number		
3	Beneficiary Designation (Attach ar	n additional sheet to name ad	ditional benefi	ciaries.)			
Ì	Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
•							
	% of Account Balance Contingent E	Beneficiary Name					
		vidual, Trust, Charity, etc.)					
	()		•	is not provided, request will be rejected a	•		
	Phone Number (Optional)	•	☐ Parent ☐	☐ Grandchild ☐ Sibling ☐ My Es	tate A Trust Other		
		Domestic Partner					
\supset	Participant Consent for Benefici	ary Designation (Please	sign on the 'Par	ticipant Signature' line below.)			
	I have completed, understand and ag above beneficiary designations for my beneficiary designations in my accoun a beneficiary or any other change that	vested account in the event t and to update the benefici	t of my death. ary designatio	I acknowledge and agree that it is mons as I deem necessary upon a cha	y responsibility to monitor the		
	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 of death will be divided equally. Primary decimal points (Example: 33.33%).	lesignations. Beneficiaries v and contingent beneficiar	vill share equaries must sep	ally if percentages are not provided a parately total 100%. The percentag	nd any amounts unpaid upon es can be divided up to two		
	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 website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.						
	Any person who presents a fal-	se or fraudulent claim	is subject t	to criminal and civil penalties.			
	Participant Signature			Date (Reg	uired)		
	A handwritten signature is required			` ·	•		
)	Delivery Instructions						
Ì	After all signatures have been obtain	inad this form can be					
	After all signatures have been obtai Uploaded Electronically:	OR Sent Regular Mail	to: OP	Sent Express Mail to:			
				Jeni Lypiess Man iu.			
	Login to account at	Empower Retireme	TIL	Empower Retirement			
	Login to account at www.wv457.com Click on Upload Documents to submit	PO Box 173764		Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111			

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This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS Example 1: Multiple Individuals as Beneficiaries

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)					
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)					
		ples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity				
	33.33 %	John M. Doe Primary Beneficiary (Name of Individual, Trust, Charity, etc.)				
	% of Account Balance					
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ Parent □ Grandchild ■ Sibling □ My Estate □ A Trust □ Other □ Domestic Partner				
	33.33 %	Don M. Doe				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)				
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ Parent □ Grandchild ■ Sibling □ My Estate □ A Trust □ Other □ Domestic Partner				
	33.34 %	Michelle L. Doe				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)				
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ Parent □ Grandchild ■ Sibling □ My Estate □ A Trust □ Other □ Domestic Partner				
Exa	mple 2: Trust as Ben	eficiary				
В		On (Attach an additional sheet to name additional beneficiaries.)				
	esignation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)					
		ples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity				
	100 %	Trust of Jane Doe				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)				
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ Parent □ Grandchild □ Sibling □ My Estate ■ A Trust □ Other				
		□ Domestic Partner				
	Example 3: Estate as Beneficiary					
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)					
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)					
See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a tronger or estate.						
	100 %	Estate of Anne Doe				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)				
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	Phone Number (Optional)	□ Spouse □ Child □ Parent □ Grandchild □ Sibling ■ My Estate □ A Trust □ Other □ Domestic Partner				

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Example 4: Charity as Beneficiary

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)				
	See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.				
	100 %	ABC Charity			
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)			
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
	Phone Number (Optional)	□ Spouse□ Child□ Parent□ Grandchild□ Sibling□ My Estate□ A Trust■ Other□ Domestic Partner			