

**Texas\$aver 401(k) Plan**

**98960-01**

**For My Information**

- For questions regarding this form, visit the website at [www.texasaver.com](http://www.texasaver.com) or contact Service Provider at 1-800-634-5091.
- 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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

Email Address

Daytime Phone Number

Married

Unmarried

( )

( )

Alternate Phone Number

**B 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.

|                         |                                                                               |              |                                                   |                             |
|-------------------------|-------------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| %                       |                                                                               |              |                                                   | / /                         |
| % of Account Balance    | Primary Beneficiary Name<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address<br>( )   |                                                                               | City         | State                                             | Zip Code                    |
| Phone Number (Optional) |                                                                               |              |                                                   |                             |

|                         |                                                                               |              |                                                   |                             |
|-------------------------|-------------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| %                       |                                                                               |              |                                                   | / /                         |
| % of Account Balance    | Primary Beneficiary Name<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address<br>( )   |                                                                               | City         | State                                             | Zip Code                    |
| Phone Number (Optional) |                                                                               |              |                                                   |                             |

|                         |                                                                               |              |                                                   |                             |
|-------------------------|-------------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| %                       |                                                                               |              |                                                   | / /                         |
| % of Account Balance    | Primary Beneficiary Name<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address<br>( )   |                                                                               | City         | State                                             | Zip Code                    |
| Phone Number (Optional) |                                                                               |              |                                                   |                             |

**Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)**

|                         |                                                                                  |              |                                                   |                             |
|-------------------------|----------------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| %                       |                                                                                  |              |                                                   | / /                         |
| % of Account Balance    | Contingent Beneficiary Name<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address<br>( )   |                                                                                  | City         | State                                             | Zip Code                    |
| Phone Number (Optional) |                                                                                  |              |                                                   |                             |

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

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

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

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

\_\_\_\_\_  
Number

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

**Contingent Beneficiary Designation** *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

| %                                    | Contingent Beneficiary Name<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer<br>Identification Number | Date of Birth<br>or Trust Date |
|--------------------------------------|----------------------------------------------------------------------------------|--------------|------------------------------------------------------|--------------------------------|
| _____/_____/_____<br>%               | _____                                                                            | _____        | _____                                                | _____/_____/_____<br>/ /       |
| Street Address<br>(_____)            |                                                                                  | City         | State                                                | Zip Code                       |
| Phone Number <i>(Optional)</i> _____ |                                                                                  |              |                                                      |                                |
| _____/_____/_____<br>%               | Contingent Beneficiary Name<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer<br>Identification Number | Date of Birth<br>or Trust Date |
| _____/_____/_____<br>%               | _____                                                                            | _____        | _____                                                | _____/_____/_____<br>/ /       |
| Street Address<br>(_____)            |                                                                                  | City         | State                                                | Zip Code                       |
| Phone Number <i>(Optional)</i> _____ |                                                                                  |              |                                                      |                                |

**C Participant Consent for Beneficiary Designation** *(Please sign on the 'Participant Signature' line below.)*

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%. The percentages can be divided up to two decimal points (Example: 33.33%).**

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 false or fraudulent claim is subject to criminal and civil penalties.

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

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**D Mailing Instructions**

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

|                                                        |           |                                                                                         |           |                                                                                                      |
|--------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| <b>Fax to:</b><br>Empower Retirement<br>1-866-345-3050 | <b>OR</b> | <b>Regular Mail to:</b><br>Empower Retirement<br>PO Box 173764<br>Denver, CO 80217-3764 | <b>OR</b> | <b>Express Mail to:</b><br>Empower Retirement<br>8515 E. Orchard Road<br>Greenwood Village, CO 80111 |
|--------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|

**Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.**  
 GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.  
 Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

**This page is for informational purposes only - Do not return with the Beneficiary Designation form**

**EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 1: Multiple Individuals as Beneficiaries**

|                                                                                                                                                                                                               |                                                                          |              |                                                   |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| <b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>                                                                                                        |                                                                          |              |                                                   |                             |
| <b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>                                                          |                                                                          |              |                                                   |                             |
| <ul style="list-style-type: none"> <li>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.</li> </ul> |                                                                          |              |                                                   |                             |
| 33.33 %                                                                                                                                                                                                       | John M. Doe                                                              | Brother      | XXX-XX-XXXX                                       | 01/06/1954                  |
| % of Account Balance                                                                                                                                                                                          | Primary Beneficiary<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 111 Elm Street                                                                                                                                                                                                | Anytown                                                                  | MO           | 60000                                             |                             |
| Street Address                                                                                                                                                                                                | City                                                                     | State        | Zip Code                                          |                             |
| (XXX) XXX-XXXX                                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| Phone Number <i>(Optional)</i>                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| 33.33 %                                                                                                                                                                                                       | Don M. Doe                                                               | Brother      | XXX-XX-XXXX                                       | 01/06/1954                  |
| % of Account Balance                                                                                                                                                                                          | Primary Beneficiary<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 222 North Avenue                                                                                                                                                                                              | Anytown                                                                  | CA           | 90000                                             |                             |
| Street Address                                                                                                                                                                                                | City                                                                     | State        | Zip Code                                          |                             |
| (XXX) XXX-XXXX                                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| Phone Number <i>(Optional)</i>                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| 33.34 %                                                                                                                                                                                                       | Michelle L. Doe                                                          | Sister       | XXX-XX-XXXX                                       | 01/06/1957                  |
| % of Account Balance                                                                                                                                                                                          | Primary Beneficiary<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 333 West Blvd                                                                                                                                                                                                 | Anytown                                                                  | CO           | 80000                                             |                             |
| Street Address                                                                                                                                                                                                | City                                                                     | State        | Zip Code                                          |                             |
| (XXX) XXX-XXXX                                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| Phone Number <i>(Optional)</i>                                                                                                                                                                                |                                                                          |              |                                                   |                             |

**Example 2: Trust as Beneficiary**

|                                                                                                                                                                                                               |                                                                          |              |                                                   |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| <b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>                                                                                                        |                                                                          |              |                                                   |                             |
| <b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>                                                          |                                                                          |              |                                                   |                             |
| <ul style="list-style-type: none"> <li>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.</li> </ul> |                                                                          |              |                                                   |                             |
| 100 %                                                                                                                                                                                                         | Trust of Jane Doe                                                        | Trust        | XX-XXXXXXX                                        | 06/30/2015                  |
| % of Account Balance                                                                                                                                                                                          | Primary Beneficiary<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 150 Main Street                                                                                                                                                                                               | Anytown                                                                  | MO           | 60000                                             |                             |
| Street Address                                                                                                                                                                                                | City                                                                     | State        | Zip Code                                          |                             |
| (XXX) XXX-XXXX                                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| Phone Number <i>(Optional)</i>                                                                                                                                                                                |                                                                          |              |                                                   |                             |

**Example 3: Estate as Beneficiary**

|                                                                                                                                                                                                               |                                                                          |              |                                                   |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------|
| <b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>                                                                                                        |                                                                          |              |                                                   |                             |
| <b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>                                                          |                                                                          |              |                                                   |                             |
| <ul style="list-style-type: none"> <li>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.</li> </ul> |                                                                          |              |                                                   |                             |
| 100 %                                                                                                                                                                                                         | Estate of Anne Doe                                                       | Estate       | / /                                               | / /                         |
| % of Account Balance                                                                                                                                                                                          | Primary Beneficiary<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 45 East Road                                                                                                                                                                                                  | Anytown                                                                  | MO           | 60000                                             |                             |
| Street Address                                                                                                                                                                                                | City                                                                     | State        | Zip Code                                          |                             |
| (XXX) XXX-XXXX                                                                                                                                                                                                |                                                                          |              |                                                   |                             |
| Phone Number <i>(Optional)</i>                                                                                                                                                                                |                                                                          |              |                                                   |                             |

**Example 4: Charity as Beneficiary**

|                                                                                                                                                                                                               |                                                                          |              |                                                      |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|------------------------------------------------------|--------------------------------|
| <b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>                                                                                                        |                                                                          |              |                                                      |                                |
| <b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>                                                          |                                                                          |              |                                                      |                                |
| <ul style="list-style-type: none"> <li>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.</li> </ul> |                                                                          |              |                                                      |                                |
| 100 %                                                                                                                                                                                                         | ABC Charity                                                              | Charity      | XX-XXXXXXX                                           | / /                            |
| % of Account Balance                                                                                                                                                                                          | Primary Beneficiary<br><i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer<br>Identification Number | Date of Birth<br>or Trust Date |
| 75 South Place                                                                                                                                                                                                |                                                                          | Anytown      | CO                                                   | 80000                          |
| Street Address                                                                                                                                                                                                |                                                                          | City         | State                                                | Zip Code                       |
| (XXX) XXX-XXXX                                                                                                                                                                                                |                                                                          |              |                                                      |                                |
| Phone Number <i>(Optional)</i>                                                                                                                                                                                |                                                                          |              |                                                      |                                |

Examples