

Beneficiary Designation 401(k) Plan

Tex	(a\$aver 401(k) Plan					98960-01				
Fo	My Information									
•	For questions regarding thi	is form, visit the website at www.texasa	aver.com or contac	ct Service Provider at	t 1-800-634-5091.					
•	Use black or blue ink when	completing this form.								
Α	Participant Informati	icipant Information								
	Account extension, if applic transferred to a beneficiary death, alternate payee do participant with multiple acc	due to participant's ue to divorce or a	sion Soc	cial Security Number	(Must provide all 9 digi	tts)				
	Last Name		First Name	M.I.	Date of Birth					
	Email Address				Daytime Phone Nu	ımher				
					()	annoci				
	☐ Married ☐ U	nmarried			Alternate Phone N	umber				
В	Beneficiary Designat	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 exactor estate. %	amples on how to complete the below b	eneficiary designa	itions if the beneficial	- ry is a non-individual	, such as a trust, charity				
	% of Account Balance	Primary Beneficiary Name	Relationship	Social Security	v or Taxpaver	Date of Birth				
	,	(Name of Individual, Trust, Charity, etc.)		Identification N		or Trust Date				
	Street Address	City		State		Zip Code				
	Phone Number (Optional))				1 1				
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security Identification N		Date of Birth or Trust Date				
	Street Address	City		State		Zip Code				
	Phone Number (Optional))				1 1				
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security Identification N		Date of Birth or Trust Date				
	Street Address	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.)									
	%					1 1				
	% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number		Date of Birth or Trust Date				
	Street Address	City		State		Zip Code				
	Phone Number (Optional))								

							98960-01		
	Last Name		First Name	M.I.	Social Sec	urity Number	Number		
В	Beneficiary Designat	ion (Attach an	additional sheet to name	additional benefici	aries.)				
	Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)								
	%						1 1		
	% of Account Balance		eneficiary Name idual, Trust, Charity, etc.)	Relationship		ecurity or Taxpayer tion Number	Date of Birth or Trust Date		
	Street Address		City		;	State	Zip Code		
	Phone Number (Optional)								
	%						1 1		
	% of Account Balance		eneficiary Name idual, Trust, Charity, etc.)	Relationship		ecurity or Taxpayer tion Number	Date of Birth or Trust Date		
	Street Address		City		;	State	Zip Code		
	Phone Number (Optional)								
С	Participant Consent t	or Beneficia	ary Designation (Plea	se sign on the 'Partic	ipant Signature' l	ine below.)			
	Plan, I am making the ab the account will be divid beneficiaries. Contingent predeceases me, his or h pursuant to the terms of t	eted, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the king the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primar Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiar me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paire terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information ditional 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 of the Treasury ("OFAC")	Provider is red). As a result, Signated nation	Service Provider cannot al or blocked person. For	conduct business or more informatio	with persons in please access	n a blocked country or a	ssets Control, Department any person designated by t: http://www.treasury.gov/		
	Any person who pre	sents a fals	e or fraudulent clai	m is subject to	criminal and	d civil penalties.			
	Participant Signature				Date (Required)				
	A handwritten signatur	e is required (on this form. An electr	onic signature w	II not be acce	oted and will result in	a significant delay.		
D	Mailing Instructions								
	After all signatures hav	er all signatures have been obtained, this form can be sent by							
	Fax to: Empower Retirement 1-866-345-3050	OR	Regular Mail to: Empower Retiremen PO Box 173764 Denver, CO 80217-3	nt	OR	Express Mail to: Empower Retirement 8515 E. Orchard Ro Greenwood Village,	oad		

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.

NO_GRPG 424/ GU22 / MBND DOC ID: 483766008 Page 2 of 4

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

	nples on how to complete the I	below beneficiary designation	gnations if the beneficiary is a non-inc	lividual, such as a trust, o	
or estate. 33.33 % John M. Doe		Brother	XXX-XX-XXXX	01/06/1954	
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Char	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date	
111 Elm Street		nytown	MO	60000	
Street Address	eet Address City		State	Zip Code	
(XXX) XXX-XXXX				04/06/4054	
Phone Number (Optional)	5 11 5	5 4			
33.33 % of Account Balance	Don M. Doe Primary Beneficiary	Brother Relationship	XXX-XX-XXXX	01/06/1954 Date of Birth	
% of Account Balance	(Name of Individual, Trust, Char		Social Security or Taxpayer Identification Number	or Trust Date 90000 Zip Code	
222 North Avenue		nytown	CA		
Street Address		ity	State		
(XXX) XXX-XXXX					
Phone Number (Optional)					
33.34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957	
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Char	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date	
333 West Blvd		nytown	СО	80000	
Street Address		ity	State	Zip Code	
(XXX) XXX-XXXX					
	On (Attach an additional sheet				
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D	on (Attach an additional sheet Designation (Primary benefici	iary designations must	eficiaries.) total 100% - percentage can be made ou gnations if the beneficiary is a non-inc		
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary C See the attached exar or estate.	On (Attach an additional sheet Designation (Primary beneficant)	iary designations must below beneficiary desi	total 100% - percentage can be made ou	lividual, such as a trust, o	
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary C See the attached exar or estate. 100 %	On (Attach an additional sheet Designation (Primary beneficant) Inples on how to complete the Information Trust of Jane Doe	iary designations must below beneficiary designations Trust	gnations if the beneficiary is a non-inc		
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary C See the attached exar or estate. 100 %	On (Attach an additional sheet Designation (Primary beneficant)	below beneficiary designations must Trust Relationship	total 100% - percentage can be made ou	lividual, such as a trust, o	
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary Designati See the attached exar or estate. 100 % % of Account Balance 150 Main Street	On (Attach an additional sheet Designation (Primary benefician ples on how to complete the Industry of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cha	below beneficiary designations must below beneficiary designation Trust Relationship arity, etc.)	gnations if the beneficiary is a non-inc XX-XXXXXX Social Security or Taxpayer Identification Number MO	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000	
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary Designati See the attached exartor estate. 100 % of Account Balance 150 Main Street Street Address	On (Attach an additional sheet Designation (Primary benefician ples on how to complete the Industry of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cha	below beneficiary designations must Trust Relationship arity, etc.)	gnations if the beneficiary is a non-inc XX-XXXXXXX Social Security or Taxpayer Identification Number	lividual, such as a trust, o 06/30/2015 Date of Birth or Trust Date	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate. 100 % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX	On (Attach an additional sheet Designation (Primary benefician ples on how to complete the Industry of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cha	below beneficiary designations must below beneficiary designation Trust Relationship arity, etc.)	gnations if the beneficiary is a non-inc XX-XXXXXX Social Security or Taxpayer Identification Number MO	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000	
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary Designati See the attached exar or estate. 100 % % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional)	On (Attach an additional sheet Designation (Primary beneficing in ples on how to complete the Interpretate of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cha	below beneficiary designations must below beneficiary designation Trust Relationship arity, etc.)	gnations if the beneficiary is a non-inc XX-XXXXXX Social Security or Taxpayer Identification Number MO	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000	
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate. 100 % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) nple 3: Estate as Be	On (Attach an additional sheet Designation (Primary benefician ples on how to complete the Instruct of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cha	tary designations must below beneficiary designation Trust Relationship writy, etc.) nytown ity	gnations if the beneficiary is a non-incommon and security or Taxpayer Identification Number MO State	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000	
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate. 100 % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) nple 3: Estate as Be	On (Attach an additional sheet Designation (Primary beneficing in ples on how to complete the Interpretate of Jane Doe Primary Beneficiary (Name of Individual, Trust, Cha	tary designations must below beneficiary designation Trust Relationship writy, etc.) nytown ity	gnations if the beneficiary is a non-incommon and security or Taxpayer Identification Number MO State	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate. 100 % % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) Inple 3: Estate as Bes Beneficiary Designati	On (Attach an additional sheet Designation (Primary beneficion poles on how to complete the Interpretate of Jane Doe Primary Beneficiary (Name of Individual, Trust, Change of Individual, Individual	to name additions below beneficiary designations below beneficiary designation	gnations if the beneficiary is a non-incommon and security or Taxpayer Identification Number MO State	lividual, such as a trust, o 06/30/2015 Date of Birth or Trust Date 60000 Zip Code	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate. 100 % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) Inple 3: Estate as Bete Beneficiary Designati Primary Beneficiary D See the attached exar	On (Attach an additional sheet designation (Primary beneficion in ples on how to complete the latest of Jane Doe Primary Beneficiary (Name of Individual, Trust, Chate A Complete in ples on the primary beneficiary on (Attach an additional sheet designation (Primary beneficion designation design	Trust Relationship rity, etc.) nytown ity	gnations if the beneficiary is a non-incomplete state of the second state of the secon	lividual, such as a trust, on the control of the co	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exaror estate. 100 % % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) Inple 3: Estate as Ber Beneficiary Designati Primary Beneficiary D See the attached exaror estate. 100 %	On (Attach an additional sheet Designation (Primary beneficing Inples on how to complete the Inples on Individual, Trust, Change Inples on how to complete the Inples on how to complete t	Trust Relationship nrity, etc.) nytown ity to name additional beneficiary designations must below beneficiary designations contact to the second contact	gnations if the beneficiary is a non-incomplete the second security or Taxpayer Identification Number MO State seficiaries.) total 100% - percentage can be made outgnations if the beneficiary is a non-incomplete the second security of the second security of the second seco	lividual, such as a trust, on the control of the co	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exaror estate. 100 % 6 of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) Inple 3: Estate as Ber Beneficiary Designati Primary Beneficiary D See the attached exaror estate. 100 %	On (Attach an additional sheet Designation (Primary beneficing Inples on how to complete the Inp	Trust Relationship rity, etc.) nytown ity to name additional beneficiary designations must below beneficiary designations must below beneficiary designations must Relationship	gnations if the beneficiary is a non-incomplete of the be	lividual, such as a trust, on the control of the co	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary C See the attached exar or estate. 100 % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) Inple 3: Estate as Ber Beneficiary Designati Primary Beneficiary C See the attached exar or estate. 100 % of Account Balance	On (Attach an additional sheet Designation (Primary beneficion in ples on how to complete the last of Jane Doe Primary Beneficiary (Name of Individual, Trust, Chance in ples on how to complete the last of Anne Doe Primary Beneficiary (Name of Individual, Trust, Chance of Individual,	Trust Relationship rity, etc.) nytown ity to name additional beneficiary designations must below beneficiary designations must below beneficiary designations must Relationship	gnations if the beneficiary is a non-incomplete the beneficiary is	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000 Zip Code at to two decimal places.) lividual, such as a trust, of 1 Date of Birth	
Phone Number (Optional) Inple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate. 100 % of Account Balance 150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) Inple 3: Estate as Ber Beneficiary Designati Primary Beneficiary D See the attached exar or estate.	On (Attach an additional sheet of Designation (Primary beneficion ples on how to complete the latest of Jane Doe Primary Beneficiary (Name of Individual, Trust, Chance of Individual, Trust, Chance of Individual sheet of Individual sheet of Anne Doe Primary Beneficiary (Name of Individual, Trust, Chance of Individual,	Trust Relationship rity, etc.) nytown ity to name additional beneficiary designations must below beneficiary designationship	gnations if the beneficiary is a non-incomplete total 100% - percentage can be made out gnations if the beneficiary is a non-incomplete total Security or Taxpayer Identification Number MO State State Social Security or Taxpayer identification Number is a non-incomplete total 100% - percentage can be made out gnations if the beneficiary is a non-incomplete identification Number	lividual, such as a trust, of 06/30/2015 Date of Birth or Trust Date 60000 Zip Code at to two decimal places.) It vidual, such as a trust, of 1 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	

Example 4: Charity as Beneficiary

ample 4. Charity as beneficiary								
B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)								
Primary Beneficiar	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
 See the attached e or estate. 	 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	Charity	XX-XXXXXX	/ /				
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Cha	Relationship nrity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
75 South Place	Α	Anytown	CO	80000 Zip Code				
Street Address	С	ity	State					
(XXX) XXX-XXXX								
Phone Number (Option	nal)							