

**Beneficiary Designation
457(b)/401(a) Plan**

Commonwealth of Virginia Deferred Compensation Plan **98987-01 457(b)**

Commonwealth of Virginia Cash Match Plan **98987-02 401(a)**

Participant Information

Last Name	First Name	MI	Social Security Number
E-Mail Address			Account Extension (if applicable)
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried			Account extension identifies funds that were transferred to you through a divorce or death.

This designation supercedes 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 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet if necessary.

-01, Commonwealth of Virginia Deferred Compensation Plan **457(b)**

Primary Beneficiary

#1	.	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#2	.	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#3	.	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				

Contingent Beneficiary

#1	.	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#2	.	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#3	.	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				

-02, Commonwealth of Virginia Cash Match Plan **401(a)**

Primary Beneficiary

#1	.	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#2	.	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#3	.	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				

Contingent Beneficiary

#1	.	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#2	.	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				
#3	.	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	% of Account Balance				



Last Name

First Name

MI

Social Security Number

Plan Beneficiary Designation

This designation is effective when signed, dated and received by Great-West Retirement Services®("Service Provider") at the address below prior to the death of the participant. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document as follows: unless otherwise directed on the Beneficiary Designation form, the beneficiary designation shall be deemed to be my surviving spouse, or if none, my children and descendants of my deceased children, per stirpes, or if none, my parents equally if both living, or if none, the duly appointed executor or administrator of my estate, or if none, the next of kin entitled to inherit under the laws of my domicile at the time of my death, as determined by the Plan Administrator.

Required Signature

I have completed, understand and agree to all pages of this Beneficiary Designation form. 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.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Send Original to Service Provider at:

Great-West Retirement Services®
1108 East Main Street, Suite 1102
Richmond, VA 23219

Phone #: 1-866-226-6682 (Option 2)

Fax #: 1-804-643-8200

Web site: www.vadcp.com