



Beneficiary Designation Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-877-457-9327.

98971-01 Wisconsin Deferred Compensation Program

A Participant Information

Social Security Number _____ Account Extension _____
Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Last Name _____ First Name _____ M.I. _____ Date of Birth _____
 () / /

Street Address _____ Personal Phone Number _____
 ()

City _____ State _____ Zip Code _____ Work Phone Number _____

Email Address _____ Married Unmarried Domestic Partner

Division/Employer/Payroll Center _____

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

_____ %	_____	_____	_____	_____ / /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
_____ %	_____	_____	_____	_____ / /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
_____ %	_____	_____	_____	_____ / /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth

Contingent Beneficiary Designation

_____ %	_____	_____	_____	_____ / /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
_____ %	_____	_____	_____	_____ / /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
_____ %	_____	_____	_____	_____ / /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth

C 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. 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.

If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Wisconsin Plan and Trust Document as authorized under Wis. Stat. § 40.80 and other applicable State laws. See Wis. Stats. §§ 40.02(8)(a) and 40.74 regarding beneficiaries. Once a properly completed Beneficiary Designation is received and approved by the Service Provider, it remains in effect until you file a new designation or until there are further benefits payable. NOTE: A divorce, annulment, or similar event will not invalidate a Beneficiary Designation which named your former spouse. To remove a former spouse as a beneficiary, you must file a new designation.

I understand that Wis. Stat. § 943.395 provide criminal penalties for making false or fraudulent claims on this form and hereby certify to the best of my knowledge and belief, the above information is true and correct.

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 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.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

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

Participant Signature _____ Date (Required) _____



Last Name

First Name

M.I.

Social Security Number

Number

D Mailing Instructions**Participant forward to Service Provider**

Great-West Retirement Services®

Regular Mail:

PO Box 173764

Denver, CO 80217-3764

Phone: 1-877-457-9327

Fax: 1-866-745-5766

Website: www.wdc457.org

Express Mail:

8515 E. Orchard Road

Greenwood Village, CO 80111

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