

Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, visit the Web site at www.texasaver.com or contact Service Provider at 1-800-634-5091.

Texas\$aver 457 Plan

98960-02

A	Participant Information <i>(Provide Name, Social Security Number and Date of Birth as it currently appears on the account)</i>										
<p><small>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</small></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Account Extension _____</p> </div> <div style="width: 50%;"> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> </tr> </table> <p style="text-align: center;">Social Security Number <i>(Must provide all 9 digits)</i></p> </div> </div>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Last Name _____</div> <div style="width: 20%;">First Name _____</div> <div style="width: 10%;">M.I. _____</div> <div style="width: 40%;">Date of Birth _____</div> </div> <p>I have a retirement savings account with a previous employer or an IRA. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>I would like help consolidating my other retirement accounts into my account with Empower Retirement.* <input type="checkbox"/> Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to my Plan's provisions.</p>											
B	Name Change <i>(Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order)</i>										
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Last Name _____</div> <div style="width: 20%;">First Name _____</div> <div style="width: 10%;">M.I. _____</div> </div>											
Address and/or Contact Information Change											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Street Address _____</div> <div style="width: 40%;">City/State/Zip Code _____</div> </div>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Daytime Phone Number _____</div> <div style="width: 30%;">Alternate Phone Number _____</div> <div style="width: 40%;">Email Address _____</div> </div>											
Personal Information Change											
Date of Birth _____ / _____ / _____ <i>(Attach a copy of Birth Certificate)</i>											
Change of Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male											
Social Security Number Change <i>(If I am still employed, I must obtain approval from my Employer)</i>											
Social Security Number _____ <i>(Attach a signed copy of Social Security Card)</i>											
C	Signatures and Consent <i>(Signatures must be on the lines provided.)</i>										
Participant Consent <i>(Please sign on the 'Participant Signature' line below.)</i>											
<p>I affirm that the information I have provided on this form is true and correct.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p>											
Participant Signature _____ Date (Required) _____											
Authorized Plan Administrator Signature <i>(Required for Social Security Number changes only)</i> <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i>											
<p>I certify and accept that the information provided by the participant on this form is correct.</p>											
Authorized Plan Administrator Signature _____ Date (Required) _____											

D	Mailing Instructions					
<p>After all signatures have been obtained, this form can be sent by</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> Fax to: 1-866-745-5766 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 30%; vertical-align: top;"> Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 20%; vertical-align: top;"> Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table>		Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road 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 (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.