

Beneficiary Designation Governmental 457(b) Plan



State of Alaska Deferred Compensation Plan

98214-01

Participant Information

Last Name	First Name	MI	Social Security Number
E-Mail Address (optional)			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 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 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet if necessary.

Please note - if you are married and you are not listing your spouse as at least 50% of your primary beneficiary then your spouse will need to complete the Spousal Consent portion of this form.

Primary Beneficiary

#1	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	Address		City	State	Zip Code
#2	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	Address		City	State	Zip Code
#3	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
	Address		City	State	Zip Code

Contingent Beneficiary

#1	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	Address		City	State	Zip Code
#2	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	Address		City	State	Zip Code
#3	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
	Address		City	State	Zip Code



Last Name

First Name

MI

Social Security Number

Spousal Consent

The beneficiary(ies) listed in this document is the person(s) who will receive your account balance should you die before you have received payment. If you ARE married and list any person other than your spouse as primary beneficiary for over 50% of your account, your spouse must consent to this election by signing this form in front of a notary public, postmaster, or Division of Retirement and Benefits Representative.

I hereby voluntarily consent to the participant's beneficiary designation and understand its effect. I understand that by providing such consent I am voluntarily waiving my right to receive a survivor annuity which would be payable to me upon the participant's death.

Spouse's Signature

Date

Statement of Notary**NOTE: Notary seal must be visible, if applicable.**

State of _____) The consent to this request was subscribed and sworn to (or affirmed) before me on this _____ day
) ss. of _____, year _____, by _____ (name of spouse)
Judicial District
or County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed
that such consent represents his/her free and voluntary act.

SEAL

Notary Public _____ My commission expires _____

-OR-**State of Alaska Plan Representative**

I certify that the participant's spouse signed the Spousal Consent section in my presence.

Plan Representative Signature

Date

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider. 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 designated beneficiary by submitting a new beneficiary designation form at any time. 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 or applicable state law.

Required Signature(s) and Date

Participant Consent

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

Participant forward to Service Provider at:
Great-West Retirement Services®

PO Box 173764, Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-800-232-0859**Fax #:** 1-866-745-5766

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