



Participant Enrollment Governmental 457(b) Plan

CCOERA 457 Plan**98721-02****Participant Information**

Last Name			First Name			MI		
Mailing Address								
City			State			Zip Code		
()			()					
Home Phone			Work Phone					
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.								

Social Security Number																	
E-Mail Address																	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male																	
Mo			Day			Year			Mo			Day			Year		
Date of Birth						Date of Hire											
Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No																	

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.ccoera.org for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

- ☐ I elect to contribute \$ _____ or _____ % (\$10.00 - \$18,000.00 or 1% - 100%) per pay period of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.
- ☐ I elect to contribute \$ _____ or _____ % (\$10.00 - \$18,000.00 or 1% - 100%) per pay period of my compensation after-tax as a designated Roth contribution to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$18,000.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount).

Payroll Effective Date: _____
Mo Day Year

Required Information

Employer Name			Employer Number		
Agency Name			Agency Number		

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
CCOERA Income Fund.....	C-INC	C-INC	American Beacon Small Cp Val Inst.....	AVFIX	AVFIX
CCOERA 2010 Target Date Fund.....	N/A	C-2010	Artisan Mid Cap Instl.....	APHMX	APHMX
CCOERA 2015 Target Date Fund.....	N/A	C-2015	Fidelity Low-Priced Stock.....	FLPSX	FLPSX
CCOERA 2020 Target Date Fund.....	N/A	C-2020	Fidelity Contrafund.....	FCNTX	FCNTX
CCOERA 2025 Target Date Fund.....	N/A	C-2025	Dodge & Cox Stock Fund.....	DODGX	DC-SF
CCOERA 2030 Target Date Fund.....	N/A	C-2030	Harbor Capital Appreciation Instl.....	HACAX	HACAX

INVESTMENT OPTION	INVESTMENT OPTION
NAME	NAME
TICKER CODE	TICKER CODE
%	%
CCOERA 2035 Target Date Fund..... N/A C-2035	Neuberger Berman Socially Rspns R6..... NRSRX NRSRX
CCOERA 2040 Target Date Fund..... N/A C-2040	Vanguard Institutional Index I..... VINIX VINIX
CCOERA 2045 Target Date Fund..... N/A C-2045	Vanguard Mid Cap Index Ins..... VMCIX VMCIX
CCOERA 2050 Target Date Fund..... N/A C-2050	Vanguard Small Cap Index Instl..... VSCIX VSCIX
CCOERA 2055 Target Date Fund..... N/A C-2055	Vanguard Federal Money Market Inv..... VMFXX VMFXX
CCOERA 2060 Target Date Fund..... N/A C-2060	Metropolitan West Total Return Bond I..... MWTIX MWTIX
American Funds EuroPacific Gr R6..... RERGX RERGX	PIMCO High Yield Instl..... PHIYX PHIYX
American Beacon Int'l Equity Fund - Inst..... AAIEX AAIEX	CCOERA Book Value Fund..... N/A CCOSVF
Cohen & Steers Instl Realty Shares..... CSRIX CSRIX	
	MUST INDICATE WHOLE PERCENTAGES = 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. 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 or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

% of Account Balance ()	Social Security Number	Primary Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Contingent Beneficiary

100.00%

% of Account Balance ()	Social Security Number	Contingent Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call CCOERACall or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment 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.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Service Provider at:

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-800-352-0313

Fax #: 1-866-745-5766

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.