



Beneficiary Designation Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-701-8255.

98228-01 Louisiana Public Employees Deferred Comp. Plan

A Participant Information				
Social Security Number _____		Account Extension _____		
Last Name _____		First Name _____	M.I. _____	Date of Birth _____ () / () / ()
Street Address _____		Personal Phone Number _____ () () () - () () ()		
City _____	State _____	Zip Code _____	Work Phone Number _____	
Email Address _____		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
Division/Payroll Center _____				

B Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
_____ %	Primary Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth _____ / /
_____ %	Primary Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth _____ / /
_____ %	Primary Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth _____ / /

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

C Participant Consent	
<p>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. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. 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.</p> <p>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.</p> <p>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.</p> <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p>	
Participant Signature _____	Date (Required) _____



Last Name

First Name

M.I.

Social Security Number

Number

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

State of Louisiana

Regular Mail:

PO Box 173764

Denver, CO 80217-3764

Phone: 1-800-701-8255

Fax: 1-866-745-5766

Website: www.louisianadcp.com

Express Mail:

8515 E. Orchard Road

Greenwood Village, CO 80111

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