



Beneficiary Designation
457/401(a) Plans

Table with 2 columns: Plan Name and Plan ID. Rows include SOONERSAVE DEFERRED COMPENSATION PLAN 457 and SOONERSAVE SAVINGS INCENTIVE PLAN 401(a).

For My Information

- For questions regarding this form, visit the Web site at www.soonersave.com or contact Service Provider at 1-877-538-3457.
Use black or blue ink when completing this form.

A Participant Information

Social Security Number (Must provide all 9 digits) with input boxes.

Participant information fields: Last Name, First Name, M.I., Date of Birth, Email Address (Optional), Daytime Phone Number, Alternate Phone Number, and checkboxes for Married/Unmarried.

B 457 Beneficiary Designation - Required (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation

Primary Beneficiary Designation table with columns for % of Account Balance, Primary Beneficiary Name, Relationship, Social Security Number, Date of Birth, Street Address, City, State, and Zip Code. Includes three rows for designating beneficiaries.

Contingent Beneficiary Designation

Contingent Beneficiary Designation table with columns for % of Account Balance, Contingent Beneficiary Name, Relationship, Social Security Number, Date of Birth, Street Address, City, State, and Zip Code. Includes three rows for designating beneficiaries.

401(a) Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation

Primary Beneficiary Designation table for 401(a) plan with columns for % of Account Balance, Primary Beneficiary Name, Relationship, Social Security Number, Date of Birth, Street Address, City, State, and Zip Code.



Primary Beneficiary Designation *Continued*

. %				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
. %				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code

Contingent Beneficiary Designation

. %				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
. %				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
. %				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code

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 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 have a 457 beneficiary designation and no 401(a) beneficiary designation, the 401(a) designation will be defaulted to the 457 election. If either the 457 designation is blank or both designations are blank, then the amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Plan Administrator/Trustee. If any information is missing, additional information may be required prior to recording my designation.

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%. However, the percentage can be divided up to two decimal points (Example: 33.33%).**

I understand that if I designate more than two primary or contingent beneficiaries to share equally, it is possible that the percentage of the account balance could differ slightly on my confirmation statement. For example: If three beneficiaries are designated to share equally or if percentages are not provided, the percentage of the account balance for each beneficiary would appear on the confirmation statement as follows:

Beneficiary A	33.33%
Beneficiary B	33.33%
Beneficiary C	<u>33.34%</u>
TOTAL	100.00%

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

Participant Signature _____ **Date (Required)** _____

D Mailing Instructions

Participant forward this form to:
 SoonerSave Office
 P.O. Box 53007
 Oklahoma City, OK 73152 - 3007

Great-West FinancialSM refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Service[®] refers to products and services provided by Great-West Life & Annuity Company, FAScore, LLC (FAScore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FAScore, LLC.