



Beneficiary Designation Governmental 457(b) Plan

OAPFF 457(b) Deferred Compensation Plan

525328-01

For My Information

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

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

(The name provided MUST match the name on file with Service Provider.)

- Married Unmarried

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

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) Spouse Child Parent Grandchild Sibling My Estate A Trust Other Domestic Partner

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) Spouse Child Parent Grandchild Sibling My Estate A Trust Other Domestic Partner

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) Spouse Child Parent Grandchild Sibling My Estate A Trust Other Domestic Partner

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

% of Account Balance Contingent Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) Spouse Child Parent Grandchild Sibling My Estate A Trust Other Domestic Partner

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>												
Contingent Beneficiary Designation <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>												
%		/	/									
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date									
Street Address (_____)	City	State	Zip Code									
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>											
	<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											
%		/	/									
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date									
Street Address (_____)	City	State	Zip Code									
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>											
	<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											
C Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>												
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>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%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>												
D Delivery Instructions												
<p>After all signatures have been obtained, this form can be</p> <table style="width:100%; border:none;"> <tr> <td style="width:33%; vertical-align:top;"> Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit </td> <td style="width:33%; vertical-align:top; text-align:center;"> OR </td> <td style="width:33%; vertical-align:top;"> Sent Regular Mail to: Empower PO Box 56025 Boston, MA 02205-6025 </td> </tr> <tr> <td colspan="2"></td> <td style="text-align:center;">OR</td> </tr> <tr> <td colspan="2"></td> <td style="vertical-align:top;"> Sent Express Mail to: Empower 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>				Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit	OR	Sent Regular Mail to: Empower PO Box 56025 Boston, MA 02205-6025			OR			Sent Express Mail to: Empower 8515 E. Orchard Road Greenwood Village, CO 80111
Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit	OR	Sent Regular Mail to: Empower PO Box 56025 Boston, MA 02205-6025										
		OR										
		Sent Express Mail to: Empower 8515 E. Orchard Road Greenwood Village, CO 80111										

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 2: Trust as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<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 checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 3: Estate as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Estate of Anne Doe	/ /	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 4: Charity as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 			
100	%	ABC Charity	XX-XXXXXXX / /
<small>% of Account Balance</small>		<small>Primary Beneficiary (Name of Individual, Trust, Charity, etc.)</small>	<small>Social Security or Taxpayer Identification Number</small>
75 South Place		Anytown	CO
<small>Street Address</small>		<small>City</small>	<small>State</small>
(XXX) XXX-XXXX		<small>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</small>	
<small>Phone Number (Optional)</small>		<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 checked="" type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	



Participant Enrollment
Governmental 457(b) Plan

OAPFF 457(b) Deferred Compensation Plan

525328-01

Participant Information

Form fields for Participant Information including Last Name, First Name, MI, Social Security Number, Mailing Address, E-Mail Address, City, State, Zip Code, Home Phone, Work Phone, Date of Birth, Date of Hire, and checkboxes for marital status and gender.

Do you have a retirement savings account with a previous employer or an IRA?
Would you like help consolidating your other retirement accounts into your account with Empower?*

Payroll Information

Form fields for Payroll Information including checkboxes for contribution types, Payroll Effective Date, Payroll Center Name, Payroll Center Number, Division Name, and Division Number.

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

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.

Select either an Asset Allocation Model (A) or your own investment options (B).

(A) Asset Allocation Model Selection - only one model can be selected

Table with 4 columns: Asset Allocation Model Name, Model Selection, Asset Allocation Model Name, Model Selection. Lists models like Empower GoalMaker AGGRESSIVE 2005, 2010, 2015, 2020 and Empower GoalMaker CONS 2040, 2045, 2050, 2055.

<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Social Security Number</u>	<u>525328-01 Number</u>
<u>Asset Allocation Model Name</u>	<u>Model Selection</u>		<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Empower GoalMaker AGGRESSIVE 2025	<input type="checkbox"/>		Empower GoalMaker CONS 2060	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2030	<input type="checkbox"/>		Empower GoalMaker CONS 2065	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2035	<input type="checkbox"/>		Empower GoalMaker CONS 2070	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2040	<input type="checkbox"/>		Empower GoalMaker MODERATE 2005	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2045	<input type="checkbox"/>		Empower GoalMaker MODERATE 2010	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2050	<input type="checkbox"/>		Empower GoalMaker MODERATE 2015	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2055	<input type="checkbox"/>		Empower GoalMaker MODERATE 2020	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2060	<input type="checkbox"/>		Empower GoalMaker MODERATE 2025	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2065	<input type="checkbox"/>		Empower GoalMaker MODERATE 2030	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2070	<input type="checkbox"/>		Empower GoalMaker MODERATE 2035	<input type="checkbox"/>
Empower GoalMaker CONS 2005	<input type="checkbox"/>		Empower GoalMaker MODERATE 2040	<input type="checkbox"/>
Empower GoalMaker CONS 2010	<input type="checkbox"/>		Empower GoalMaker MODERATE 2045	<input type="checkbox"/>
Empower GoalMaker CONS 2015	<input type="checkbox"/>		Empower GoalMaker MODERATE 2050	<input type="checkbox"/>
Empower GoalMaker CONS 2020	<input type="checkbox"/>		Empower GoalMaker MODERATE 2055	<input type="checkbox"/>
Empower GoalMaker CONS 2025	<input type="checkbox"/>		Empower GoalMaker MODERATE 2060	<input type="checkbox"/>
Empower GoalMaker CONS 2030	<input type="checkbox"/>		Empower GoalMaker MODERATE 2065	<input type="checkbox"/>
Empower GoalMaker CONS 2035	<input type="checkbox"/>		Empower GoalMaker MODERATE 2070	<input type="checkbox"/>

(B) Select Your Own Investment Options

<u>INVESTMENT OPTION</u>			<u>INVESTMENT OPTION</u>		
<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
T. Rowe Price Retirement I 2005 I.....	TRPFX	TRPFX	Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX
T. Rowe Price Retirement I 2010 I.....	TRPAX	TRPAX	Real Estate / Cohen & Steers Fund.....	N/A	D0814A
T. Rowe Price Retirement I 2015 I.....	TRFGX	TRFGX	Nationwide Geneva Small Cap Growth R6.....	NWKCX	NWKCX
T. Rowe Price Retirement I 2020 I.....	TRBRX	TRBRX	Vanguard Small Cap Index Adm.....	VSMAX	VSMAX
T. Rowe Price Retirement I 2025 I.....	TRPHX	TRPHX	Small Cap Value / Victory Fund.....	N/A	D1210A
T. Rowe Price Retirement I 2030 I.....	TRPCX	TRPCX	Janus Henderson Enterprise N.....	JDMNX	JDMNX
T. Rowe Price Retirement I 2035 I.....	TRPJX	TRPJX	Vanguard Mid Cap Index Fund - Admiral.....	VIMAX	VIMAX
T. Rowe Price Retirement I 2040 I.....	TRPDX	TRPDX	Allspring Special Mid Cap Value R6.....	WFPRX	WFPRX
T. Rowe Price Retirement I 2045 I.....	TRPKX	TRPKX	JPMorgan US Equity R6.....	JUEMX	JUEMX
T. Rowe Price Retirement I 2050 I.....	TRPMX	TRPMX	PGIM Jennison Growth Z.....	PJFZX	PJFZX
T. Rowe Price Retirement I 2055 I.....	TRPNX	TRPNX	Vanguard 500 Index Admiral.....	VFIAX	VFIAX
T. Rowe Price Retirement I 2060 I.....	TRPLX	TRPLX	Columbia Dividend Value (IS Platform).....	N/A	D1254A
T. Rowe Price Retirement I 2065 I.....	TRFKX	TRFKX	PIMCO Income Instl.....	PIMIX	PIMIX
Day One IncomeFlex Target Balanced Fund....	N/A	D1353A	Prudential Total Ret Bond (IS Platform).....	N/A	D1282A
Virtus Emerging Markets Opportunities R6.....	AEMOX	AEMOX	Guaranteed Income Fund.....	N/A	D2539A
MFS Instl International Equity.....	MIEIX	MIEIX			
MUST INDICATE WHOLE PERCENTAGES					= 100%

Participation Agreement

IncomeFlex - I should carefully read the applicable IncomeFlex Important Considerations document or Prospectus and the Investment Options at a Glance for IncomeFlex fund or portfolio performance, if I am considering investing in an IncomeFlex fund or portfolio. To obtain a copy of the disclosure, call 1-800-701-8255 or access the participant website and click on the "Investment Options" page.

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 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.

Last Name

First Name

M.I.

Social Security Number

Number

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

Empower GoalMaker AGGRESSIVE 2005 - PJFZX 7.62% D1254A 8.76% JDMNX 2.15% NWKCX 2.15% D1210A 2.65% WFPRX 2.66% MIEIX 4.04% VTIAX 4.05% AEMOX 2.02% PIMIX 4.47% D1282A 23.77% D2539A 35.66%

Empower GoalMaker AGGRESSIVE 2010 - PJFZX 7.93% D1254A 9.13% JDMNX 2.21% NWKCX 2.21% D1210A 2.9% WFPRX 2.91% MIEIX 4.39% VTIAX 4.4% AEMOX 2.27% PIMIX 4.59% D1282A 22.82% D2539A 34.24%

Empower GoalMaker AGGRESSIVE 2015 - PJFZX 8.43% D1254A 9.7% JDMNX 2.41% NWKCX 2.42% D1210A 3.21% WFPRX 3.21% MIEIX 5.01% VTIAX 5.01% AEMOX 2.74% PIMIX 4.74% D1282A 21.25% D2539A 31.87%

Empower GoalMaker AGGRESSIVE 2020 - PJFZX 9.11% D1254A 10.48% JDMNX 2.68% NWKCX 2.69% D1210A 3.61% WFPRX 3.61% MIEIX 5.79% VTIAX 5.8% AEMOX 3.34% PIMIX 4.73% D1282A 19.26% D2539A 28.9%

Empower GoalMaker AGGRESSIVE 2025 - PJFZX 10.12% D1254A 11.65% JDMNX 3.07% NWKCX 3.07% D1210A 4.17% WFPRX 4.17% MIEIX 6.88% VTIAX 6.88% AEMOX 4.18% PIMIX 4.44% D1282A 16.55% D2539A 24.82%

Empower GoalMaker AGGRESSIVE 2030 - PJFZX 11.61% D1254A 13.36% JDMNX 3.62% NWKCX 3.63% D1210A 4.97% WFPRX 4.97% MIEIX 8.42% VTIAX 8.42% AEMOX 5.38% PIMIX 3.72% D1282A 12.76% D2539A 19.14%

Empower GoalMaker AGGRESSIVE 2035 - PJFZX 13.3% D1254A 15.3% JDMNX 4.26% NWKCX 4.27% D1210A 5.91% WFPRX 5.91% MIEIX 10.28% VTIAX 10.28% AEMOX 6.9% PIMIX 2.64% D1282A 8.38% D2539A 12.57%

Empower GoalMaker AGGRESSIVE 2040 - PJFZX 14.54% D1254A 16.73% JDMNX 4.79% NWKCX 4.8% D1210A 6.7% WFPRX 6.71% MIEIX 11.96% VTIAX 11.96% AEMOX 8.43% PIMIX 1.6% D1282A 4.71% D2539A 7.07%

Empower GoalMaker AGGRESSIVE 2045 - PJFZX 14.95% D1254A 17.21% JDMNX 5.07% NWKCX 5.08% D1210A 7.16% WFPRX 7.16% MIEIX 13.08% VTIAX 13.09% AEMOX 9.67% PIMIX .96% D1282A 3.94% D2539A 2.63%

Empower GoalMaker AGGRESSIVE 2050 - PJFZX 14.7% D1254A 16.91% JDMNX 5.13% NWKCX 5.13% D1210A 7.3% WFPRX 7.3% MIEIX 13.68% VTIAX 13.69% AEMOX 10.58% PIMIX .75% D1282A 2.9% D2539A 1.93%

Empower GoalMaker AGGRESSIVE 2055 - PJFZX 14.21% D1254A 16.35% JDMNX 5.1% NWKCX 5.1% D1210A 7.32% WFPRX 7.32% MIEIX 14.05% VTIAX 14.05% AEMOX 11.37% PIMIX .73% D1282A 3.08% D2539A 1.32%

Empower GoalMaker AGGRESSIVE 2060 - PJFZX 13.68% D1254A 15.74% JDMNX 5.05% NWKCX 5.05% D1210A 7.3% WFPRX 7.31% MIEIX 14.35% VTIAX 14.36% AEMOX 12.14% PIMIX .75% D1282A 2.99% D2539A 1.28%

Empower GoalMaker AGGRESSIVE 2065 - PJFZX 13.14% D1254A 15.12% JDMNX 4.99% NWKCX 4.99% D1210A 7.27% WFPRX 7.28% MIEIX 14.64% VTIAX 14.64% AEMOX 12.93% PIMIX .79% D1282A 2.95% D2539A 1.26%

Empower GoalMaker AGGRESSIVE 2070 - PJFZX 13.14% D1254A 15.12% JDMNX 4.99% NWKCX 4.99% D1210A 7.27% WFPRX 7.28% MIEIX 14.64% VTIAX 14.64% AEMOX 12.93% PIMIX .79% D1282A 2.95% D2539A 1.26%

Empower GoalMaker CONS 2005 - PJFZX 4.75% D1254A 5.47% JDMNX 1.34% NWKCX 1.35% D1210A 1.66% WFPRX 1.66% MIEIX 2.52% VTIAX 2.53% AEMOX 1.26% PIMIX 5.42% D1282A 28.82% D2539A 43.22%

Empower GoalMaker CONS 2010 - PJFZX 4.84% D1254A 5.57% JDMNX 1.35% NWKCX 1.35% D1210A 1.77% WFPRX 1.77% MIEIX 2.67% VTIAX 2.68% AEMOX 1.38% PIMIX 5.71% D1282A 28.37% D2539A 42.54%

Empower GoalMaker CONS 2015 - PJFZX 5.15% D1254A 5.92% JDMNX 1.47% NWKCX 1.48% D1210A 1.96% WFPRX 1.96% MIEIX 3.04% VTIAX 3.04% AEMOX 1.66% PIMIX 6.09% D1282A 27.29% D2539A 40.94%

Empower GoalMaker CONS 2020 - PJFZX 5.71% D1254A 6.57% JDMNX 1.68% NWKCX 1.69% D1210A 2.26% WFPRX 2.26% MIEIX 3.59% VTIAX 3.6% AEMOX 2.07% PIMIX 6.32% D1282A 25.7% D2539A 38.55%

Empower GoalMaker CONS 2025 - PJFZX 6.42% D1254A 7.38% JDMNX 1.94% NWKCX 1.95% D1210A 2.64% WFPRX 2.64% MIEIX 4.3% VTIAX 4.3% AEMOX 2.61% PIMIX 6.38% D1282A 23.77% D2539A 35.67%

Empower GoalMaker CONS 2030 - PJFZX 7.26% D1254A 8.35% JDMNX 2.26% NWKCX 2.27% D1210A 3.1% WFPRX 3.11% MIEIX 5.17% VTIAX 5.18% AEMOX 3.31% PIMIX 6.27% D1282A 21.49% D2539A 32.23%

Empower GoalMaker CONS 2035 - PJFZX 8.41% D1254A 9.67% JDMNX 2.69% NWKCX 2.7% D1210A 3.73% WFPRX 3.74% MIEIX 6.36% VTIAX 6.37% AEMOX 4.27% PIMIX 5.83% D1282A 18.49% D2539A 27.74%

Empower GoalMaker CONS 2040 - PJFZX 9.92% D1254A 11.41% JDMNX 3.27% NWKCX 3.28% D1210A 4.57% WFPRX 4.58% MIEIX 7.97% VTIAX 7.97% AEMOX 5.62% PIMIX 4.95% D1282A 14.58% D2539A 21.88%

Empower GoalMaker CONS 2045 - PJFZX 11.41% D1254A 13.12% JDMNX 3.87% NWKCX 3.87% D1210A 5.46% WFPRX 5.46% MIEIX 9.72% VTIAX 9.73% AEMOX 7.18% PIMIX 3.83% D1282A 15.81% D2539A 10.54%

Empower GoalMaker CONS 2050 - PJFZX 12.37% D1254A 14.23% JDMNX 4.31% NWKCX 4.32% D1210A 6.14% WFPRX 6.15% MIEIX 11.17% VTIAX 11.17% AEMOX 8.64% PIMIX 2.89% D1282A 11.17% D2539A 7.44%

Last Name

First Name

M.I.

Social Security Number

Number

Empower GoalMaker CONS 2055 - PJFZX 12.53% D1254A 14.42% JDMNX 4.5% NWKCX 4.5% D1210A 6.45%
 WFPRX 6.46% MIEIX 11.99% VTIAX 11.99% AEMOX 9.7% PIMIX 2.48% D1282A 10.49% D2539A 4.49%

Empower GoalMaker CONS 2060 - PJFZX 12.34% D1254A 14.19% JDMNX 4.55% NWKCX 4.56% D1210A 6.59%
 WFPRX 6.59% MIEIX 12.49% VTIAX 12.49% AEMOX 10.56% PIMIX 2.34% D1282A 9.31% D2539A 3.99%

Empower GoalMaker CONS 2065 - PJFZX 11.95% D1254A 13.75% JDMNX 4.54% NWKCX 4.54% D1210A 6.62%
 WFPRX 6.62% MIEIX 12.79% VTIAX 12.8% AEMOX 11.31% PIMIX 2.37% D1282A 8.9% D2539A 3.81%

Empower GoalMaker CONS 2070 - PJFZX 11.95% D1254A 13.75% JDMNX 4.54% NWKCX 4.54% D1210A 6.62%
 WFPRX 6.62% MIEIX 12.79% VTIAX 12.8% AEMOX 11.31% PIMIX 2.37% D1282A 8.9% D2539A 3.81%

Empower GoalMaker MODERATE 2005 - PJFZX 6.17% D1254A 7.1% JDMNX 1.74% NWKCX 1.75% D1210A 2.15%
 WFPRX 2.16% MIEIX 3.28% VTIAX 3.28% AEMOX 1.64% PIMIX 4.95% D1282A 26.31% D2539A 39.47%

Empower GoalMaker MODERATE 2010 - PJFZX 6.44% D1254A 7.4% JDMNX 1.79% NWKCX 1.8% D1210A 2.35%
 WFPRX 2.36% MIEIX 3.56% VTIAX 3.57% AEMOX 1.84% PIMIX 5.13% D1282A 25.5% D2539A 38.26%

Empower GoalMaker MODERATE 2015 - PJFZX 6.88% D1254A 7.92% JDMNX 1.97% NWKCX 1.98% D1210A 2.62%
 WFPRX 2.62% MIEIX 4.09% VTIAX 4.09% AEMOX 2.23% PIMIX 5.38% D1282A 24.09% D2539A 36.13%

Empower GoalMaker MODERATE 2020 - PJFZX 7.5% D1254A 8.63% JDMNX 2.21% NWKCX 2.21% D1210A 2.97%
 WFPRX 2.98% MIEIX 4.77% VTIAX 4.77% AEMOX 2.75% PIMIX 5.48% D1282A 22.29% D2539A 33.44%

Empower GoalMaker MODERATE 2025 - PJFZX 8.27% D1254A 9.51% JDMNX 2.5% NWKCX 2.51% D1210A 3.4%
 WFPRX 3.41% MIEIX 5.62% VTIAX 5.62% AEMOX 3.41% PIMIX 5.41% D1282A 20.14% D2539A 30.2%

Empower GoalMaker MODERATE 2030 - PJFZX 9.36% D1254A 10.77% JDMNX 2.92% NWKCX 2.92% D1210A 4%
 WFPRX 4.01% MIEIX 6.79% VTIAX 6.79% AEMOX 4.34% PIMIX 5.03% D1282A 17.22% D2539A 25.85%

Empower GoalMaker MODERATE 2035 - PJFZX 10.9% D1254A 12.54% JDMNX 3.49% NWKCX 3.5% D1210A 4.84%
 WFPRX 4.85% MIEIX 8.42% VTIAX 8.43% AEMOX 5.66% PIMIX 4.19% D1282A 13.27% D2539A 19.91%

Empower GoalMaker MODERATE 2040 - PJFZX 12.5% D1254A 14.38% JDMNX 4.12% NWKCX 4.13% D1210A 5.76%
 WFPRX 5.77% MIEIX 10.29% VTIAX 10.29% AEMOX 7.25% PIMIX 3.05% D1282A 8.98% D2539A 13.48%

Empower GoalMaker MODERATE 2045 - PJFZX 13.6% D1254A 15.65% JDMNX 4.61% NWKCX 4.62% D1210A 6.51%
 WFPRX 6.51% MIEIX 11.9% VTIAX 11.91% AEMOX 8.79% PIMIX 2.02% D1282A 8.33% D2539A 5.55%

Empower GoalMaker MODERATE 2050 - PJFZX 13.93% D1254A 16.03% JDMNX 4.86% NWKCX 4.86% D1210A 6.92%
 WFPRX 6.92% MIEIX 12.96% VTIAX 12.96% AEMOX 10.02% PIMIX 1.42% D1282A 5.47% D2539A 3.65%

Empower GoalMaker MODERATE 2055 - PJFZX 13.65% D1254A 15.71% JDMNX 4.9% NWKCX 4.9% D1210A 7.03%
 WFPRX 7.04% MIEIX 13.49% VTIAX 13.5% AEMOX 10.92% PIMIX 1.26% D1282A 5.32% D2539A 2.28%

Empower GoalMaker MODERATE 2060 - PJFZX 13.22% D1254A 15.21% JDMNX 4.88% NWKCX 4.88% D1210A 7.06%
 WFPRX 7.06% MIEIX 13.87% VTIAX 13.88% AEMOX 11.73% PIMIX 1.23% D1282A 4.89% D2539A 2.09%

Empower GoalMaker MODERATE 2065 - AEMOX 12.52% PIMIX 1.26% D1282A 4.72% D2539A 2.02% PJFZX 12.72%
 D1254A 14.64% JDMNX 4.83% NWKCX 4.83% D1210A 7.04% WFPRX 7.05% MIEIX 14.18% VTIAX 14.19%

Empower GoalMaker MODERATE 2070 - PJFZX 12.72% D1254A 14.64% JDMNX 4.83% NWKCX 4.83% D1210A 7.04%
 WFPRX 7.05% MIEIX 14.18% VTIAX 14.19% AEMOX 12.52% PIMIX 1.26% D1282A 4.72% D2539A 2.02%

Your account will be rebalanced semi-annually so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator 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 the Voice Response System 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.

Last Name

First Name

M.I.

Social Security Number

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

I have completed, understand and agree to all pages of this Participant Enrollment form.

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.

Authorized Plan Administrator Approval**Authorized Plan Administrator Signature****Date**

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

Print Full Name

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

empowermyretirement.com

Click on *Upload Documents* to submit

We will not accept hand delivered forms at express mail addresses.

OR**Sent regular mail to:**

Empower

PO Box 56025

Boston, MA 02205-6025

OR**Sent express mail to:**

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.