



City of Austin 457(b) Deferred Compensation Plan

98752-01

For My Information

- For questions regarding this form, visit the Web site at www.dcaustin.com or contact Service Provider at 1-866-613-6189.
- 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

Email Address

Daytime Phone Number

Division/Payroll Center

Alternate Phone Number

Married Unmarried

B Beneficiary Designation

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

%				/ /
% 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
%				/ /
% 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

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

C Participant Consent for Beneficiary Designation

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.

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.**

I understand that the 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, the 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>.

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

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

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
1-866-745-5766

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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 (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.