

## Participant Enrollment Governmental 457(b) Plan

CRA 457 Plan						987	21-02	
Participant Information								
I ant Name	Final Mana			Casial Casu	uita - Nicosala au			
Last Name First Name MI (The name provided MUST match the name on file with Service Provider.)				Social Security Number				
Mailing A	ddmaaa			E Moil	Address			
Maning A	address			E-Man	Address			
				☐ Married ☐ Unmarrie	d 🗅 Femal	e 🗆 Mal	e	
City	Sta	te Zip Co	ode	Mo Day Year	Mo	Day	Year	
Home Phone	Wo	rk Phone		Date of Birth		Date of Hi	ire	
Check box if you prefer to receive quarterly account statements in Spanish.				Do you have a retirement savings account with a previous employer or an IRA?  Yes or  No				
Payroll Information								
contributions to the Governme  Required Information	ntal 457(b) l	Plan until suc		re Date:   Mo Day Year				
Mountain Recreation Me	etropolitar	District		A	\2349			
Employe	er Name			Employ	yer Number			
Agency Na	ame		_	Agenc	cy Number			
Investment Option Informati regarding each investment option.	ion (applies	s to all cont	ributio	ons) - Please refer to your commun	ication material	ls for info	rmation	
I understand that funds may impos	se redemption			sfers, redemptions or exchanges if as refer to the fund's prospectus and/o				
INVESTMEN	T OPTION	Ī		INVESTMEN	NT OPTION			
NAME	TICKE	ER CODE	<u>%</u>	<u>NAME</u>	<b>TICKER</b>	CODE	<u>%</u>	
CRA Income Target Date Portfolio		C-INC		American Beacon Small Cp Val Inst	AVFIX	AVFIX		
CRA 2010 Target Date Portfolio	N/A	C-2010		Artisan Mid Cap Instl		APHMX		
CRA 2015 Target Date Portfolio		C-2015		Fidelity Low-Priced Stock	FLPSX	FLPSX		
CRA 2020 Target Date Portfolio		C-2020		Fidelity Contrafund	FCNTX	FCNTX		
CRA 2025 Target Date Portfolio	N/A	C-2025		Dodge & Cox Stock Fund		DC-SF		
CRA 2030 Target Date Portfolio		C-2030		Harbor Capital Appreciation Instl		HACAX		
CRA 2035 Target Date Portfolio		C-2035		Neuberger Berman Sustainable Equity R6		NRSRX		
CRA 2040 Target Date Portfolio		C-2040		Vanguard Institutional Index Instl Pl		VIIIX		
CRA 2045 Target Date Portfolio		C-2045		Vanguard Mid Cap Index Ins		VMCIX		
CRA 2050 Target Date Portfolio		C-2050		Vanguard Small Cap Index Instl		VSCIX		
CRA 2055 Target Date Portfolio	N/A	C-2055		Vanguard Federal Money Market Inv	VMFXX	VMFXX		

Last Name	— First N	ame		— <u>M.I.</u>	Social Security Numb	her	98721-02 Number	
INVESTMENT OPTION				INVESTMENT OPTION				
NAME	TICKE	R CODE	<u>%</u>	NAME		TICKI	ER CODE	<u>%</u>
CRA 2060 Target Date Portfolio	RERGX	C-2060 RERGX AAIEX		PIMCO Hig CRA Book	nn West Total Return Borgh Yield Instl	PHIYXN/A	MWTIX PHIYX CCOSVF	= 100%
Plan Beneficiary Designation								
This designation is effective upon obeneficiary. If any information is miprimary and contingent beneficiaries the Plan Document or applicable law	ssing, addit s predeceas	tional infor se me or I f	mation m	nay be requ signate ben	nired prior to recordine ficiaries, amounts	ng my beneficiary will be paid purs	y designation uant to the	n. If my

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				
( )	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)						
Phone Number (Optional)	☐ Spouse ☐ Child	1 🔾 Parent 🔾 Grandchild 🔾 Sibling 🗘 My Estate 🗘 A Trust	□ Other				
	☐ Domestic Partner						
Contingent Beneficiary 100.00%							
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth				
( )	Relationship (Required	d - If Relationship is not provided, request will be rejected and sent back for clari	ification.)				
Phone Number (Optional)	☐ Spouse ☐ Child	l 🗅 Parent 🗅 Grandchild 🗅 Sibling 🗅 My Estate 🗅 A Trust	☐ Other				
	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 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	<u>M.I.</u>	Social Security Number	98721-02 Number	
Last Name	First Name	IVI.1.	Social Security Number	Number	
Signature(s) and Conser	nt				
Participant Consent					
to comply with the regulation result, Service Provider canadesignated national or block http://www.treasury.gov/abc	d and agree to all pages of this Pa ons and requirements of the Office not conduct business with persons ed person. For more information, pout/organizational-structure/offices e entered into prior to the first day	of Foreign As s in a blocked please access t s/Pages/Office	sets Control, Department of the country or any person designat- he OFAC Web site at: -of-Foreign-Assets-Control.asp.	e Treasury ("OFAC"). As a ged by OFAC as a specially	
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

We will not accept hand delivered forms at Express Mail addresses.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.