



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

**INVESTMENT OPTION**

NAME	TICKER CODE	%
CRA 2060 Target Date Portfolio.....	N/A C-2060	_____
American Funds EuroPacific Gr R6.....	REGRX REGRX	_____
American Beacon Int'l Equity Fund - Inst.....	AAIEX AAIEX	_____

**INVESTMENT OPTION**

NAME	TICKER CODE	%
Metropolitan West Total Return Bond I.....	MWTIX MWTIX	_____
PIMCO High Yield Instl.....	PHIYX PHIYX	_____
CRA Book Value Fund.....	N/A CCOSVF	_____

**MUST INDICATE WHOLE PERCENTAGES = 100%**

**Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**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 <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 type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

**Contingent Beneficiary**

**100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
( _____ )	_____	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 type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> 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.

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

I have completed, understand and agree to all pages of this Participant Enrollment form. 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>.  
Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

**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.