

Participant Enrollment 401(a) Plan

CRA 401(A) Plan				98721-01			
Participant Information							
Last Name	First Name		/II	Social Security Number			
(The name provided MUST match Provider.)				Social Security I various			
Mailing A	Address			E-Mail Address			
City	Sta	ite Zip C	ode	☐ Married ☐ Unmarried ☐ Female ☐ Male			
()	()	ne Zip C	ouc	Mo Day Year Mo Day Year			
Home Phone	Wo	ork Phone		Date of Birth Date of Hire			
■ 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				
Participation Agreement. Have you previously worked for	another CCO n Previous Er	ERA employ	yer? ion belo	ount as required by my employer's current CCOERA 401(a) ow right, as well as, Current Employer Information section for current			
		Payroll	Effecti	ve Date:			
				Mo Day Year			
Current Employer Information Mountain Recreati		oolitan Dis	strict	Previous Employer Information (if applicable)			
Employ	er Name			Previous Employer Name			
A234	49						
Employer Number				Previous Employer Number			
Investment Option Informat regarding each investment option	ion (applie	s to all con	tributi	ons) - Please refer to your communication materials for information			
				nsfers, redemptions or exchanges if assets are held less than the period ll refer to the fund's prospectus and/or disclosure documents for more			
INVESTME	NT OPTION	1		INVESTMENT OPTION			
NAME	TICKI	ER CODE	<u>%</u>	NAME TICKER CODE %			
CRA Income Target Date Portfolio		C-INC		American Beacon Small Cp Val Inst AVFIX AVFIX			
CRA 2010 Target Date Portfolio CRA 2015 Target Date Portfolio		C-2010 C-2015		Artisan Mid Cap Instl			
CPA 2020 Target Date Portfolio	N/A	C-2015		Fidelity Controlled Stock			

DC-SF

HACAX

NRSRX

VMCIX

VIIIX

C-2025

C-2030

C-2035

C-2040

C-2045

Dodge & Cox Stock Fund...... DODGX

Harbor Capital Appreciation Instl...... HACAX

Neuberger Berman Sustainable Equity R6......NRSRX

Vanguard Institutional Index Instl Pl..... VIIIX

								98721-01	
Last Name	First Name			M.I.	Social Securit	y Number]	Number	
INVESTMENT OPTION					INVESTMENT OPTION				
NAME	TICKER	CODE	<u>%</u>	NAME			TICKE	R CODE	<u>%</u>
CRA 2050 Target Date Portfolio	N/A	C-2050		Vanguard	Small Cap Index I	nstl	VSCIX	VSCIX	
CRA 2055 Target Date Portfolio	N/A	C-2055		Vanguard	Federal Money Ma	arket Inv	VMFXX	VMFXX	
CRA 2060 Target Date Portfolio	N/A	C-2060		Metropolit	tan West Total Ret	urn Bond I	MWTIX	MWTIX	
American Funds EuroPacific Gr R6	RERGX	RERGX		PIMCO H	igh Yield Instl		PHIYX	PHIYX	
American Beacon Int'l Equity Fund - Inst	AAIEX	AAIEX		CRA Bool	k Value Fund		N/A	CCOSVF	
				MUST I	NDICATE WHO	OLE PERCEN	TAGES		= 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 (Required - If Relationship is not provided, request will be rejected and sent back for clarific	cation.)					
Phone Number (Optional)	□ Spouse □ Child □ 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 - If Relationship is not provided, request will be rejected and sent back for clarification.)						
Phone Number (Optional)	□ Spouse □ Child □ 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.

			_	98721-01
Last Name	First Name	M.I.	Social Security Number	Number
Signature(s) and Conser	nt			
Participant Consent				
to comply with the regulation result, Service Provider can designated national or block	ad and agree to all pages of this Pages on and requirements of the Office not conduct business with person ted person. For more information, out/organizational-structure/office	e of Foreign As s in a blocked please access t	sets Control, Department of the country or any person designate the OFAC Web site at:	e Treasury ("OFAC"). As a ed 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.