

**Participant Enrollment  
Governmental 457(b) Plan**

**WV Higher Education Policy Commission 457(b) Plan**

**350209-01**

**Participant Information**

Last Name	First Name	MI	Social Security Number				
Address - Number & Street			E-Mail Address				
City	State	Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male				
(   )	(   )		Mo	Day	Year		
Home Phone	Work Phone		Date of Birth		Mo	Day	Year
					Date of Hire		

Do you have a retirement savings account with a previous employer or an IRA?    Yes    No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement? \*    Yes, I would like a representative to call me at phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). \*Rollovers are subject to your Plan's provisions.

**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant) for fast and easy enrollment in our Online File Cabinet service.

**Payroll Information**

I elect to contribute \$ \_\_\_\_\_ (\$1.00 - \$18,000.00) per pay period of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo   Day   Year

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

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. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
Great-West Aggressive Profile I Fund I.....	<b>MXPPX</b> <b>MX-PS5</b>	_____	Artisan Mid Cap Inv.....	<b>ARTMX</b> <b>ARTMX</b>	_____
Great-West Mod Aggr Profile I Fund I.....	<b>MXRPX</b> <b>MX-PS4</b>	_____	Baron Growth Retail.....	<b>BGRFX</b> <b>BGRFX</b>	_____
Great-West Moderate Profile I Fund I.....	<b>MXOPX</b> <b>MX-PS3</b>	_____	American Century Equity Income.....	<b>TWEIX</b> <b>20-EQI</b>	_____
Great-West Mod Conserv Profile I Fund I.....	<b>MXTPX</b> <b>MX-PS2</b>	_____	American Funds Growth Fund A.....	<b>AGTHX</b> <b>AF-GF</b>	_____
Great-West Conserv Profile I Fund I.....	<b>MXVPX</b> <b>MX-PS1</b>	_____	Great-West S&P 500 Index Fund I.....	<b>MXVIX</b> <b>MX-IN5</b>	_____
Artisan International Inv.....	<b>ARTIX</b> <b>ARTIX</b>	_____	Invesco Value Opportunities A.....	<b>VVOAX</b> <b>VVOAX</b>	_____
Morgan Stanley Inst US Real Estate P.....	<b>MUSDX</b> <b>MUSDX</b>	_____	Dreyfus Intermediate Term Inc A.....	<b>DRITX</b> <b>DRITX</b>	_____
Heartland Value Fund.....	<b>HRTVX</b> <b>HT-VAL</b>	_____	PIMCO Long-Term US Government Admin....	<b>PLGBX</b> <b>PLGBX</b>	_____
Loomis Sayles Small Cap Value Retail.....	<b>LSCRX</b> <b>LSCRX</b>	_____	Great-West Guaranteed Fixed Fund.....	<b>N/A</b> <b>GFF</b>	_____
Ariel Appreciation Fund.....	<b>CAAPX</b> <b>CA-APP</b>	_____	Great-West Money Market Fund I.....	<b>MXMXX</b> <b>MX-MMF</b>	_____

**MUST INDICATE WHOLE PERCENTAGES = 100%**

Last Name

First Name

M.I.

Social Security Number

## 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	Relationship	Date of Birth
( )				

Phone Number (Optional)

### Contingent Beneficiary

100.00%

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
( )				

Phone Number (Optional)

## 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 KeyTalk® 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

Participant forward to Plan Administrator/Trustee

Last Name

First Name

M.I.

Social Security Number

Number

## Authorized Plan Administrator/Trustee Approval

Authorized Plan Administrator/Trustee Signature

Date

**Plan Administrator** 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 #:** 1-866-467-7756**Fax #:** 1-866-745-5766**Web site:** [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant)**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 &amp; Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life &amp; Annuity Insurance Company (GWL&amp;A), Corporate Headquarters: Greenwood Village, CO; Great-West Life &amp; 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.