

**Participant Enrollment
403(b) Plan**

WV Higher Education Policy Commission 403(b) Plan

350209-02

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
			<input type="checkbox"/> I have attached a copy of a government issued photo identification. If not attached, this application will not be processed.				

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 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 403(b) Plan until such time as I revoke or amend my election.
- I elect to make a voluntary after-tax contribution of \$ _____ or _____% per pay period of my compensation to the 403(b) 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.....	MXPPX	MX-PS5	Artisan Mid Cap Inv.....	ARTMX	ARTMX
Great-West Mod Aggr Profile I Fund I.....	MXRPX	MX-PS4	Baron Growth Retail.....	BGRFX	BGRFX
Great-West Moderate Profile I Fund I.....	MXOPX	MX-PS3	American Century Equity Income.....	TWEIX	20-EQI
Great-West Mod Conserv Profile I Fund I.....	MXTPX	MX-PS2	American Funds Growth Fund A.....	AGTHX	AF-GF
Great-West Conserv Profile I Fund I.....	MXVPX	MX-PS1	Great-West S&P 500 Index Fund I.....	MXVIX	MX-IN5
Artisan International Inv.....	ARTIX	ARTIX	Invesco Value Opportunities A.....	VVOAX	VVOAX
Morgan Stanley Inst US Real Estate P.....	MUSDX	MUSDX	Dreyfus Intermediate Term Inc A.....	DRITX	DRITX
Heartland Value Fund.....	HRTVX	HT-VAL	PIMCO Long-Term US Government Admin....	PLGBX	PLGBX
Loomis Sayles Small Cap Value Retail.....	LSCRX	LSCRX	Guaranteed Interest Fund.....	N/A	GIFGFF

Last Name

First Name

M.I.

Social Security Number

INVESTMENT OPTION

INVESTMENT OPTION

NAME	TICKER CODE	%
Ariel Appreciation Fund.....	CAAPX CA-APP	_____

NAME	TICKER CODE	%
Great-West Money Market Fund I.....	MXMXX MX-MMF	_____

MUST INDICATE WHOLE PERCENTAGES = 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. 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.

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 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1 _____ .

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

Phone Number (Optional) _____

#2 _____ .

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

Phone Number (Optional) _____

Contingent Beneficiary

#1 _____ .

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

Phone Number (Optional) _____

#2 _____ .

% 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 the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax deferred arrangement. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

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 group annuity contract issued and/or 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 I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my Employer 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

Last Name_____
First Name_____
M.I._____
Social Security Number_____
Number

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>.

In addition, the USA Patriot Act of 2001 requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. You must provide your name, address, date of birth, and other information that will allow Service Provider to identify you. You must include a copy of government issued photo identification (e.g., driver's license or passport) with this form or this form will be deemed incomplete until it is provided.

Participant Signature

Date

Participant forward to Employer

Employer Certification

I certify that the information provided by the participant on this form is correct.

Authorized Employer Signature

Date

Employer 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

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.