

# Beneficiary Designation 401(k) Plan

**Great-West Affiliated Employers Retirement Savings Plan FBO AllCom Credit Union**

**333882-01**

## For My Information

- For questions regarding this form, visit the website at [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant) or contact Service Provider at 1-800-338-4015.
- Use black or blue ink when completing this form.

## A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number (Must provide all 9 digits)

/ /

Last Name

First Name

M.I.

Date of Birth

( )

Email Address

Daytime Phone Number

( )

☐ Married ☐ Unmarried

Alternate Phone Number

## B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

### Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)

- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

/ /

% of Account Balance

Primary Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

( )

Phone Number (Optional)

%

/ /

% of Account Balance

Primary Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

( )

Phone Number (Optional)

%

/ /

% of Account Balance

Primary Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

( )

Phone Number (Optional)

### Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)

%

/ /

% of Account Balance

Contingent Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

( )

Phone Number (Optional)

%

/ /

% of Account Balance

Contingent Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

( )

Phone Number (Optional)

%

/ /

% of Account Balance

Contingent Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

( )

Phone Number (Optional)

Last Name

First Name

M.I.

Social Security Number

Number

**C Signatures and Consent** *(Signatures must be on the lines provided.)***Participant Consent for Beneficiary Designation** *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

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% in whole percentages.**

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 website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent for Beneficiary Designation section of this form.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

**Participant Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**Spousal Consent for Beneficiary Designation** *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

I, *(name of spouse)* \_\_\_\_\_, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

**Spouse's Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**For Residents of all states (except California)**, please have your notary complete the section below.

**Notice to California Notaries using the California Affidavit and Jurat Form** the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

*My signature must be notarized by a Notary Public. The date I sign this form must match the date on which my signature is notarized.*

**Statement of Notary****NOTE: Notary seal must be visible.**The consent to this request was subscribed and sworn *(or affirmed)*

State of \_\_\_\_\_) to before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_

**SEAL**)ss. *(name of spouse)* \_\_\_\_\_

County of \_\_\_\_\_) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**D Mailing Instructions****After all signatures have been obtained, this form can be sent by****Fax to:****OR****Regular Mail to:****OR****Express Mail to:**Empower Retirement  
1-866-633-5212Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764Empower Retirement  
8515 E. Orchard Road  
Greenwood Village, CO 80111

**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: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

**EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 1: Multiple Individuals as Beneficiaries**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<ul style="list-style-type: none"> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>				
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				

**Example 2: Trust as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<ul style="list-style-type: none"> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>				
100 %	Trust of Jane Doe	Trust	XX-XXXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				

**Example 3: Estate as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<ul style="list-style-type: none"> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>				
100 %	Estate of Anne Doe	Estate	/ /	/ /
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				

**Example 4: Charity as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<ul style="list-style-type: none"> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>				
100 %	ABC Charity	Charity	XX-XXXXXXXX	/ /
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				