

Beneficiary Designation Governmental 457(b) Plan

Pe	nnsylvania State Em	oloyees' Deferred Co	npensation Plan				98978-01
Fo	r My Information						
	For questions regarding this Use black or blue ink when	form, visit the website at secompleting this form.	s.pa.gov or contact S	ervice Provider at 1-	800-63	3-5461.	
A Participant Information							
	Account extension, if applica transferred to a beneficiary death, alternate payee due participant with multiple acco	lue to participant's to divorce or a unts.	nt Extension	Social Security Nu	- mber (A	Aust provide all 9 digi	ts)
	Last Name (The name provided MUST r	atch the name on file with Servi	First Name ce Provider.)	M.I.		Date of Birth () Daytime Phone Nu	ımber
	Email Address Married Un	married				(<u>)</u> Alternate Phone N	umber
_							
В	Beneficiary Designati	ON (Attach an additional shee	t to name additional be	neficiaries.)			
	Primary Beneficiary D	esignation (Primary benefi	ciary designations mus	t total 100% - percent	age can	be made out to two	decimal places.)
 See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such or estate. 						, such as a trust, charity	
	% of Account Balance	Primary Beneficiary Name		Social Se	ecurity of	or Taxpayer	Date of Birth
		(Name of Individual, Trust, Char		Identifica			or Trust Date
	Phone Number (Optional)					-	□ A Trust □ Other
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Char	ity etc.)	Social Se		or Taxpayer	Date of Birth or Trust Date
	() Phone Number (Optional) %	Relationshi	p (Required - If Relations ☐ Child ☐ Parent	ship is not provided, req	quest will	I be rejected and sent	t back for clarification.)
	% of Account Balance	Primary Beneficiary Name		Social Se	ecurity of	or Taxpayer	Date of Birth
		(Name of Individual, Trust, Char	*	Identifica			or Trust Date
	Phone Number (Optional)						a A Trust ☐ Other
Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two						t to two decimal places.)	
	%						1 1
	% of Account Balance	Contingent Beneficiary Nam (Name of Individual, Trust, Char	ity, etc.)	Identifica	tion Ńu		Date of Birth or Trust Date
	Phone Number (Optional) %		p (Required - If Relations ☐ Child ☐ Parent c Partner			•	•
	% of Account Balance	Contingent Beneficiary Nam (Name of Individual, Trust, Char		Social Se Identifica		or Taxpayer Imber	Date of Birth or Trust Date
	() Phone Number (Optional)		p (Required - If Relations ☐ Child ☐ Parent c Partner			-	·

							98978-01	
	Last Name	Fire	st Name	M.I.	Social Security No	ımber	Number	
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Contingent Beneficia	eficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
	0/						, ,	
	% of Account Balance	Contingent Benefi			Social Security of Identification Nu		Date of Birth or Trust Date	
	()	R	elationship (Required - If Re			•	,	
	Phone Number (Optional)		□ Spouse □ Child □ P □ Domestic Partner	arent 🗅	Grandchild Sibling	g 🛚 My Estate	□ A Trust □ Other	
<u></u>	Participant Consent	for Beneficiary D	Designation (Please sign o	on the 'Part	cipant Signature' line belo	w.)		
	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.							
	If I am an Alternate Payee under a Plan Approved Domestic Relations Order ("PADRO"), my Estate must be the beneficiary of my account. The Plan Document specifically prohibits an Alternate Payee from designating a beneficiary other than his/her Estate.							
This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to decimal points (Example: 33.33%).						ny amounts unpaid upon n be divided up to two		
	I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Departmen 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.							
	Any person who pre	esents a false or	fraudulent claim is s	ubject to	criminal and civil	penalties.		
	Participant Signature Date (Required)						d)	
	A handwritten signatur	e is required on th	is form. An electronic sig	gnature v	vill not be accepted ar	nd will result in a	significant delay.	
)	Delivery Instructions							
	After all signatures have	ve been obtained, t	his form can be					
	Uploaded Electronicall Login to account at sers.pa.gov Click on Upload Docume We will not accept hand	ents to submit	Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	E 8	Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO	80111		

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This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS Example 1: Multiple Individuals as Beneficiaries

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, chor estate.							
	33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Pequired)	- If Relationship is not provided, request will be rejected and	I sent hack for clarification)				
	Phone Number (Optional)		□ Parent □ Grandchild ■ Sibling □ My Esta					
	33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954 Date of Birth or Trust Date				
	% of Account Balance	Primary Beneficiary	Social Security or Taxpayer					
		(Name of Individual, Trust, Charity, etc.)	Identification Number					
	(XXX) XXX-XXXX Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarity							
	Phone Number (Optional)							
	33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957				
	% of Account Balance	Primary Beneficiary	Social Security or Taxpayer	Date of Birth				
	,	(Name of Individual, Trust, Charity, etc.)	Identification Number	or Trust Date				
	XXX) XXX-XXXX 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						
	manda Or Truck as Dan	oficion.						
_	mple 2: Trust as Ben							
В	Beneficiary Designation	ON (Attach an additional sheet to name ad	Iditional beneficiaries.)					
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	 See the attached examor estate. 	See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charit or estate.						
	100 %	Trust of Jane Doe	XX-XXXXXX	06/30/2015				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	Relationship (Required	- If Relationship is not provided, request will be rejected and	sent back for clarification)				
	Phone Number (Optional)		□ Parent □ Grandchild □ Sibling □ My Esta	-				
	() ,	□ Domestic Partner	_ · · · · · · · · · · · · · · · · · · ·					
	l. 0. E-4-4 D-							
	mple 3: Estate as Be	•						
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	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.							
	100 %	Estate of Anne Doe		1 1				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	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						

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Example 4: Charity as Beneficiary

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)						
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
	• 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.						
	100 %	ABC Charity	XX-XXXXXX	1 1			
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date			
	(XXX) XXX-XXXX Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.) Spouse Child Parent Grandchild Sibling My Estate A Trust Other					
	Thore Namber (optional)	☐ Domestic Partner	Total a Grandonia a Gloring a My Esta	tie 4 / Hust 4 other			