



Beneficiary Designation Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan

98966-01

For My Information

- For questions regarding this form, visit the Web site at www.mass-smart.com or contact Service Provider at 1-877-457-1900.
- 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 _____

() ()

Division/Payroll Center _____

Alternate Phone Number _____

Married Unmarried

B Beneficiary Designation

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

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

Contingent Beneficiary Designation

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

C Participant Consent

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 the 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, the 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>.

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

Participant Signature _____ Date (Required) _____

Last Name

First Name

M.I.

Social Security Number

Number

D	Mailing Instructions						
	<p>After all signatures have been obtained, this form can be sent by</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Fax to: 1-866-745-5766 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 33%; vertical-align: top;"> Regular Mail to: Empower Retirement™ PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 14%; vertical-align: top;"> Express Mail to: Empower Retirement™ 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table>			Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement™ PO Box 173764 Denver, CO 80217-3764	OR
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Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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