

Last Name

First Name

M.I.

Social Security Number

C Signatures and Consent <i>(Signatures must be on the lines provided.)</i>																
Participant Consent <i>(Please sign on the 'Participant Signature' line below.)</i>																
<p>I affirm that the information I have provided on this form is true and correct.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p>																
<p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>																
<p>Signature Notarization <i>(Required if requesting an Address Change. May also be witnessed in the Authorized Plan Administrator Signature section below.)</i></p> <p>For Residents of all states (except California), please have your notary complete the section below.</p> <p>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, and my name. The notary forms not containing this information will be rejected and it will delay this request.</p> <p>The date I sign this form in the 'Participant Consent' section above must match the date on which my signature is notarized below.</p> <table> <tr> <td>Statement of Notary</td> <td>NOTE: Notary seal must be visible.</td> </tr> <tr> <td colspan="2">This request was subscribed and sworn (or affirmed) to before me</td> </tr> <tr> <td>State of _____)</td> <td>on this _____ day of _____, year _____, by</td> </tr> <tr> <td colspan="2">)ss. (name of participant) _____</td> </tr> <tr> <td>County of _____)</td> <td>proved to me on the basis of satisfactory evidence to be the person who appeared before me.</td> </tr> <tr> <td colspan="2">Notary Public _____ My commission expires ____ / ____</td> </tr> </table> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>					Statement of Notary	NOTE: Notary seal must be visible.	This request was subscribed and sworn (or affirmed) to before me		State of _____)	on this _____ day of _____, year _____, by)ss. (name of participant) _____		County of _____)	proved to me on the basis of satisfactory evidence to be the person who appeared before me.	Notary Public _____ My commission expires ____ / ____	
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<p>Authorized Plan Administrator Signature <i>(Required for Social Security Number changes or if witnessing Participant's signature for an Address Change.)</i> <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i></p> <p>I certify and accept that the information provided by the participant on this form is correct.</p> <p>If the participant has requested an address change and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.</p> <p>Authorized Plan Administrator Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>																
<p>Print Full Name _____</p>																
D	Delivery Instructions															
<p>After all signatures have been obtained, this form can be</p> <table> <tr> <td>Uploaded Electronically: Login to account at empowermyretirement.com</td> <td>OR</td> <td>Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764</td> <td>OR</td> <td>Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111</td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>					Uploaded Electronically: Login to account at empowermyretirement.com	OR	Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111							
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Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.