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Sta	te of Tennessee 401	(k) Plan 98986-02		
For	For My Information			
	 For questions regarding this form, visit the website at www.retirereadytn.gov or contact Service Provider at 1-800-922-7772. Use black or blue ink when completing this form. 			
Α	Participant Information			
	Account extension, if applica transferred to a beneficiary death, alternate payee du participant with multiple acco	due to participant's		
	Last Name (The name provided MUST r	First Name M.I. Date of Birth match the name on file with Service Provider.) () Date of Birth ()		
	Email Address	()		
	Married Ur	Alternate Phone Number		
В	Beneficiary Designati	On (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 or estate. 			
	% of Account Balance () Phone Number (Optional) % of Account Balance	Domestic Partner Primary Beneficiary Name		
	() Phone Number <i>(Optional)</i> %	(Name of Individual, Trust, Charity, etc.) 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 Domestic Partner		
	% of Account Balance () Phone Number <i>(Optional)</i>	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.) 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 Domestic Partner		
	Contingent Beneficia	ry Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)		
	%			
	% of Account Balance () Phone Number (Optional)	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.) 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 Domestic Partner		
	% % of Account Balance () Phone Number <i>(Optional)</i>	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.) 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 Domestic Partner		

					98986-02
	Last Name	First Name	M.I.	Social Security Number	Number
В	Beneficiary Designation (Attach an	additional sheet to name additio	nal benefi	ciaries.)	
	Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)				
	%				
		eneficiary Name dual, Trust, Charity, etc.)			
	<u>()</u>	Relationship (Required - If R		is not provided, request will be rejected and se	
	Phone Number (Optional)	 Spouse Child F F Domestic Partner 	Parent	Grandchild G Sibling G My Estate	🗅 A Trust 🗅 Other
С	Participant Consent for Beneficia	ry Designation (Please sign	on the 'Pai	ticipant 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 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%. The percentages can be divided up to two decimal points (Example: 33.33%).				
	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.				
	Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.				
	Participant Signature			Date (Require	ed)
	A handwritten signature is required o	on this form. An electronic s	ignature	will not be accepted and will result in a	a significant delay.
D	Delivery Instructions				
	After all signatures have been obtained, this form can be				
	Login to account at www.retirereadytn.gov Click on Upload Documents to submit	OR Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-376		Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	
	We will not accept hand delivered forms	at Express Mail addresses.			

Securities offered by GWFS Equities, Inc., Member FINRA/SIPC, marketed under the Empower brand, and/or other broker-dealers. GWFS is affiliated with Great-West Funds, Inc.; Great-West Trust Company, LLC; and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC, marketed under the Great-West Investments[™] brand.

This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

Beneficiary Designation	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.)		
Primary Beneficiary D			
See the attached exam or estate.	oles on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, cha	arity	
33.33 %	John M. Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
(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 □ Othe		
	Domestic Partner		
33.33 %	Don M. Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
(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 □ Othe	er	
	Domestic Partner		
33.34 %	Michelle L. Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
(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 □ Othe		
	Domestic Partner		

Example 2: Trust as Beneficiary

v Beneficiary D	
y Bononolary B	esignation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)
the attached exam	ples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity
%	Trust of Jane Doe
count Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)
XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Number (Optional)	□ Spouse □ Child □ Parent □ Grandchild □ Sibling □ My Estate ■ A Trust □ Other
	Domestic Partner
	tate. % count Balance XXX-XXXX

Example 3: Estate as Beneficiary

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)			
Primary Beneficiary D		esignation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)		
	 See the attached exam or estate. 	ples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity		
	100 %	Estate of Anne Doe		
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
	(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		

This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS

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 a or estate.			
	<u>100 %</u>	ABC Charity	
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	
	(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 Domestic Partner	