

Beneficiary Designation 401(a) Plan

City	y and County of Bro	omfield Money Purc	hase Plan for Po	eace Office	ers		95265-02	
For	My Information							
	or questions regarding this Jse black or blue ink when		www.empower-retiren	nent.com/parti	cipant or conta	act Service Provider at 1	1-800-360-2684.	
Α	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.		ount Extension	Social Se	- curity Number	(Must provide all 9 digits)		
	Last Name		First Na	ıme	M.I.	Date of Birth	I	
	Email Address Married Ur	nmarried				Daytime Phone Numb () Alternate Phone Num		
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary [Designation (Primary ben	eficiary designations n	nust total 100%	in whole perce	ntages.)		
	See the attached exar or estate.	mples on how to complete	the below beneficiary	designations i	f the beneficia	ry is a non-individual, su	uch as a trust, charity	
	% of Account Balance () Phone Number (Optional)	Primary Beneficiary Nam (Name of Individual, Trust, Co		nship			Date of Birth or Trust Date	
	%						1 1	
	% of Account Balance () Phone Number (Optional)	Primary Beneficiary Name (Name of Individual, Trust, Co		nship			Date of Birth or Trust Date	
	%	Daine and Demoffsion Money	Dalatia				/ /	
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Co		isnip			Date of Birth or Trust Date	
	Phone Number (Optional) Contingent Beneficia	ry Designation (Conting	ent beneficiary design	ations must tot	al 100% in who	le percentages.)		
	%						1 1	
	% of Account Balance	Contingent Beneficiary No (Name of Individual, Trust, Co		nship			Date of Birth or Trust Date	
	Phone Number (Optional) %						1 1	
	% of Account Balance () Phone Number (Optional)	Contingent Beneficiary Na (Name of Individual, Trust, Co		nship			Date of Birth or Trust Date	
	%						1 1	
	% of Account Balance () Phone Number (Optional)	Contingent Beneficiary No. (Name of Individual, Trust, Co.)		nship			Date of Birth or Trust Date	

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	Last Name		First Name	M.I.	Social Sec	curity Number	Number	
С	Participant Consent fo	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 terr 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 be the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent be predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts with pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any infinity 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 undeath 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, Departmer of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated b 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 (Required)			
D	Mailing Instructions	lailing Instructions						
	After all signatures have been obtained, this form can be sent by							
	Fax to: Empower Retirement 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764		OR	Express Mail to: Empower Retiren 8515 E. Orchard Greenwood Villag	nent Road	

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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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% in whole percentages.)							
	 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. 							
	33 %	John M. Doe	Brother	01/06/19				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Cha	Relationship rity, etc.)	Date of Birt or Trust Dat				
	(XXX) XXX-XXXX Phone Number (Optional)							
	33 %	Don M. Doe	Brother	01/06/195	54			
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Cha	Relationship rity, etc.)	Date of Birth or Trust Dat				
	(XXX) XXX-XXXX Phone Number (Optional)							
	34 %	Michelle L. Doe	Sister	01/06/195	57			
	% of Account Balance	Primary Beneficiary	Relationship	Date of Birth				
	(XXX) XXX-XXXX	(Name of Individual, Trust, Cha		or Trust Dat				
	Phone Number (Optional)							
Exa	mple 2: Trust as Ben	eficiary	4					
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)							
	or estate.			e beneficiary is a non-individual, such as a tr				
	100 %	Trust of Jane Doe	Trust	06/30/201				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Cha	Relationship arity, etc.)	Date of Birth or Trust Date				
	(XXX) XXX-XXXX							
	Phone Number (Optional)							
<u>Exa</u>	mple 3: Estate as Be	neficiary						
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)							
	 See the attached exam or estate. 	nples on how to complete the	below beneficiary designations if the	e beneficiary is a non-individual, such as a tr	ust, charity			
	100 %	Estate of Anne Doe	Estate	1 1				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Cha	Relationship arity, etc.)	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Phone Number (Optional)							
Fxa	mple 4: Charity as Bo	eneficiary						
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)							
	See the attached exam or estate.		below beneficiary designations if the	e beneficiary is a non-individual, such as a tr	ust, charity			
	100 %	ABC Charity	Charity	1 1				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Cha	Relationship arity, etc.)	Date of Birth or Trust Dat				
	(XXX) XXX-XXXX							
	Phone Number (Optional)							

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