



Beneficiary Designation Governmental 457(b) Plan

Wyoming Retirement System 457 Deferred Compensation Plan State Government Employee 93001-01 Other Government Employee 93001-02

For My Information

- For questions regarding this form, visit the website at www.wrsdcp.com or contact Wyoming Retirement System at 1-800-989-9324 at 1-800-701-8255. 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

Social Security Number (Must provide all 9 digits)

Last Name, First Name, M.I., Date of Birth, Daytime Phone Number, Email Address, Alternate Phone Number, Married, Unmarried

B 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.

% of Account Balance, Primary Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number, Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

% of Account Balance, Primary Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number, Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

% of Account Balance, Primary Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number, Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

% of Account Balance, Contingent Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number, Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

**D Delivery Instructions**

**Participant forward this form to:**

Wyoming Retirement System  
6101 Yellowstone Road, Suite 500  
Cheyenne, WY 82002

**Phone: 1-800-989-9324**

**Fax: 1-307-777-3621**

**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.

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

**EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 1: Multiple Individuals as Beneficiaries**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)			
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)			
<ul style="list-style-type: none"> <li>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.</li> </ul>			
33.33 %	John M. Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.33 %	Don M. Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.34 %	Michelle L. Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Example 2: Trust as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)			
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)			
<ul style="list-style-type: none"> <li>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.</li> </ul>			
100 %	Trust of Jane Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Example 3: Estate as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)			
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)			
<ul style="list-style-type: none"> <li>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.</li> </ul>			
100 %	Estate of Anne Doe		
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)		
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Example 4: Charity as Beneficiary**

<b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> </ul>			
100 %	ABC Charity		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
75 South Place	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other		
	<input type="checkbox"/> Domestic Partner		

Examples