



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

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

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

\_\_\_\_\_ %  
% of Account Balance      Contingent Beneficiary Name  
*(Name of Individual, Trust, Charity, etc.)*

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( \_\_\_\_\_ )  
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

\_\_\_\_\_ %  
% of Account Balance      Contingent Beneficiary Name  
*(Name of Individual, Trust, Charity, etc.)*

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( \_\_\_\_\_ )  
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

**C Signatures and Consent** *(Signatures must be on the lines provided.)*

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**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 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%. 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 (Required)** \_\_\_\_\_  
*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

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**Authorized Plan Administrator Signature** *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

**Authorized Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_  
*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Print Full Name** \_\_\_\_\_

\_\_\_\_\_  
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**

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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**

<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>			
33.33 %	John M. Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
111 Elm Street	Anytown	MO	60000
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 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 <i>(Name of Individual, Trust, Charity, etc.)</i>		
222 North Avenue	Anytown	CA	90000
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 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 <i>(Name of Individual, Trust, Charity, etc.)</i>		
333 West Blvd	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 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> <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 %	Trust of Jane Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
150 Main Street	Anytown	MO	60000
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 checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Example 3: Estate 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 %	Estate of Anne Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
45 East Road	Anytown	MO	60000
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 checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

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**EXAMPLE BENEFICIARY DESIGNATIONS**

**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
Street Address		City	State
(XXX) XXX-XXXX			80000
Phone Number <i>(Optional)</i>		Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</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	