



**Participant Enrollment  
Governmental 457(b) Plan**

**County of Tulare 3121 Plan**

**88038-02**

**Participant Information**

_____	_____	_____
Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		

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

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ E-Mail Address

_____	_____	_____
City	State	Zip Code

Married  Unmarried  Female  Male

( )	( )
Home Phone	Work Phone

Mo	Day	Year	Mo	Day	Year
Date of Birth			Date of Hire		

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA?  Yes  No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement? \*  Yes, I would like a representative to call me at phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). \*Rollovers are subject to your Plan's provisions.

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

**INVESTMENT OPTION**

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
Guaranteed Interest Fund.....	N/A	GIFGFF
<b>MUST INDICATE WHOLE PERCENTAGES</b>		<b>= 100%</b>

**Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

**Primary Beneficiary**

**100.00%**

_____ % of Account Balance ( )	_____ Social Security Number	_____ Primary Beneficiary Name	_____ Date of Birth
_____ Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<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 type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Contingent Beneficiary**

**100.00%**

_____ % of Account Balance ( )	_____ Social Security Number	_____ Contingent Beneficiary Name	_____ Date of Birth
_____ Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<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 type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Spousal Consent for Beneficiary Designation**

**For Residents of all states (except California),** please have your notary complete the section below.

**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, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

I, (name of spouse) \_\_\_\_\_, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Statement of Notary**

**NOTE: Notary seal must be visible, if applicable.**

State of \_\_\_\_\_ ) The consent to this request was subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day  
 ) ss. of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_ (name of spouse)  
 County of \_\_\_\_\_ ) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed  
 that such consent represents his/her free and voluntary act.

**SEAL**

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

Last Name

First Name

M.I.

Social Security Number

Number

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Compliance With Plan Document and/or the Code** - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. 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 Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

**Important Notice:** If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

### Participant Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

Authorized Plan Administrator Approval

### Authorized Plan Administrator Signature

### Date

*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

**After all signatures have been obtained, this form can be:**

#### Uploaded electronically to:

Login to account at

**empowermyretirement.com**

Click on *Upload Documents* to submit

We will not accept hand delivered forms at express mail addresses.

**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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