

Beneficiary Designation Governmental 457(b) Plan

City of Riverside Employee's Deferred Compensation Plan

98246-01

Participant Information

Last Name	First Name	MI	Social Security Number
E-Mail Address			Account Extension (if applicable)
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried			Account extension identifies funds that were transferred to you through a divorce or death.

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 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet if necessary.

Primary Beneficiary

#	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#1	.				
#2	.				
#3	.				

Contingent Beneficiary

#	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#1	.				
#2	.				
#3	.				

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. 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 state law.

Required Signature(s) and Date

Participant Consent

I have completed, understand and agree to all pages of this Beneficiary Designation 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.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Participant forward to Service Provider at:

Great-West Retirement Services®
PO Box 173764, Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-800-701-8255

Fax #: 1-866-745-5766

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.

