



Last Name

First Name

M.I.

Social Security Number

<u>TARGET DATE INVESTMENT</u> <u>NAME</u>	<u>CODE</u>	<u>BIRTH YEAR</u>	<u>TARGET DATE INVESTMENT</u> <u>NAME</u>	<u>CODE</u>	<u>BIRTH YEAR</u>
LifePath Index Retirement Fund L	LLPIRT	Up to 1952	LifePath Index 2040 Fund L	LLPI40	1973 to 1977
LifePath Index 2020 Fund L	LLPI20	1953 to 1957	LifePath Index 2045 Fund L	LLPI45	1978 to 1982
LifePath Index 2025 Fund L	LLPI25	1958 to 1962	LifePath Index 2050 Fund L	LLPI50	1983 to 1987
LifePath Index 2030 Fund L	LLPI30	1963 to 1967	LifePath Index 2055 Fund L	LLPI55	1988 to 1992
LifePath Index 2035 Fund L	LLPI35	1968 to 1972	LifePath Index 2060 Fund L	LLPI60	1993 and on

**Section 4 - Investment Option Information (If you complete this section, do not complete Sections 3.) - Applies to all contributions.**

**Select My Own Investment Options:**

By checking this box, I elect to direct my own investments either with “Pre-Mixed Funds” or “Mix-Your-Own Funds” offered in the Plan. By electing “Select My Own Investment Options,” I agree to, understand and acknowledge the following:

1. I am required to direct all the investments of my accounts (current balance, future contributions and rollover monies) in this Plan by completing the investment election in the Investment Option Information section.
2. I take full responsibility for my own investment elections.
3. I have received and reviewed the information in my enrollment kit about my investment choices and have had an opportunity to freely choose how my accounts are invested. I further understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Please refer to your communication materials for investment option designations. Please refer to Participant Agreement for information regarding transfer restrictions.

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 document for more information.

**INVESTMENT OPTION NAME**                      **INVESTMENT OPTION CODE**  
**PRE-MIXED PORTFOLIOS**                      **(Internal Use Only)**

LifePath Index Retirement Fund L .....	LLPIRT	_____ %
LifePath Index 2020 Fund L .....	LLPI20	_____ %
LifePath Index 2025 Fund L .....	LLPI25	_____ %
LifePath Index 2030 Fund L .....	LLPI30	_____ %
LifePath Index 2035 Fund L .....	LLPI35	_____ %
LifePath Index 2040 Fund L .....	LLPI40	_____ %
LifePath Index 2045 Fund L .....	LLPI45	_____ %
LifePath Index 2050 Fund L .....	LLPI50	_____ %
LifePath Index 2055 Fund L .....	LLPI55	_____ %
LifePath Index 2060 Fund L .....	LLPI60	_____ %

The Pre-Mixed Portfolios offer you a fast and easy way to adopt an overall investment solution that seeks to maximize assets for retirement or other purposes, based on an investor’s investment time horizon. Just determine the year you plan to retire or begin withdrawing money from your account, then select the corresponding Pre-Mixed Portfolio. Each well diversified portfolio contains a blend of investments. These portfolios are based on asset allocation strategies that have been developed, tested and employed by Black Rock Investments.

The Mix-Your-Own Funds allow you to review and select your investments, and manage your account on an ongoing basis. With Mix-Your-Own Funds, you have the opportunity to create a custom asset allocation. These funds represent a range of asset classes and investment management styles.

**NOTE: If you complete more than one of the following Sections, 3 or 4, the form will be rejected.**

**MIX-YOUR-OWN FUNDS**

WRS Capital Preservation Fund.....	WYOCNV	_____ %
WRS Fixed Income Fund.....	WRSINC	_____ %
WRS Real Assets Fund.....	WRSRAS	_____ %
WRS Large Cap U.S. Equity Fund.....	WRSLRG	_____ %
WRS International Equity Fund.....	WRSITL	_____ %
WRS Small/Mid Cap U.S. Equity Fund.....	WRSSMD	_____ %

**MUST INDICATE WHOLE PERCENTAGES = 100%**

**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 state 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	Primary Beneficiary Name	Date of Birth
( )	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 type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

**Contingent Beneficiary****100.00%**

% of Account Balance	Contingent Beneficiary Name	Date of Birth
( )	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 type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

**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/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - If I elect to direct my own investments, I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator/Trustee 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. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**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.

\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
M.I.\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Number**Signature(s) and Consent****Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement. 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>.

**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/Trustee Approval****Authorized Plan Administrator/Trustee 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**

**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.