

## Beneficiary Designation Governmental 457(b) Plan

## Wyoming Retirement System 457 Deferred Compensation Plan

State Government Employee Other Government Employee

93001-01 □ 93001-02 □

For	My Information						
	or questions regarding this Use black or blue ink when	form, visit the website at www.wrsdcp.com or contact Wyoming Retirement System at 1-800-989-9324 at 1-800-701-8255. completing this form.					
Α	Participant Information						
	Account extension, if applica transferred to a beneficiary death, alternate payee du participant with multiple acco	due to participant's e to divorce or a					
	Last Name (The name provided MUST r	First Name M.I. Date of Birth  match the name on file with Service Provider.)  [					
	Email Address	( )					
	☐ Married ☐ Un	married Alternate Phone Number					
В	Beneficiary Designati	On (Attach an additional sheet to name additional beneficiaries.)					
	Primary Beneficiary D	Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)					
	See the attached exar or estate. %	nples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity					
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)					
	Street Address	City State Zip Code					
	Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)  Spouse Child Parent Grandchild Sibling My Estate A Trust Other  Domestic Partner					
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)					
	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					
	% %	Division Dan Galam Mana					
	% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)					
	Street Address	City State Zip Code					
	Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)  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 (Name of Individual, Trust, Charity, etc.)					
	Street Address	City State Zip Code					
	Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)  Spouse Child Parent Grandchild Sibling My Estate A Trust Other Domestic Partner					

Last Name	First Name	M.I.	Social	Security Number		93001-01/-02 Number
Beneficiary Designation (Atta	ch an additional sheet to name	additional benef	iciaries.)			
Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
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% of Account Balance Conting	ent Beneficiary Name f Individual, Trust, Charity, etc.)					
Street Address	City			State		Zip Code
( )	Relationship (Requir		•			,
Phone Number (Optional)	<ul><li>□ Spouse</li><li>□ Chi</li><li>□ Domestic Partne</li></ul>		☐ Grandchild	□ Sibling □ My	/ Estate 🚨	A Trust 🚨 Other
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	ent Beneficiary Name f Individual, Trust, Charity, etc.)					
Street Address	City			State		Zip Code
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Phone Number (Optional)	<ul><li>Domestic Partne</li></ul>					
Phone Number (Optional)  Signatures and Consent (Signatures)	☐ Domestic Partne	r				
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	Last Name	First Name	M.I.	Social Security Number	93001-01/-02 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** 

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)						
ĺ	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.						
i							
	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 Phone Number (Optional)			request will be rejected and sent back for clarification.) ■ Sibling □ My Estate □ A Trust □ Other			
	22 22 0/						
	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)			■ Sibling □ My Estate □ A Trust □ Other			
	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	Polationship (Paguirad	If Polationabia is not provided	request will be rejected and sent back for clarification.)			
	Phone Number (Optional)			■ Sibling □ My Estate □ A Trust □ Other			
xaı	mple 2: Trust as Ben	eficiary					
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)						
ָ ע	Seriericiary Designation (Attach an additional sheet to hame additional beneficiaries.)						
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
ŀ	eneficiary is a non-individual, such as a trust, chari						
	or estate. 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	•					
	Phone Number (Optional)			request will be rejected and sent back for clarification.)  ☐ Sibling ☐ My Estate ■ A Trust ☐ Other			
<u></u>	mple 3: Estate as Beneficiary						
3	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)						
ĺ	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
	<ul> <li>See the attached examor estate.</li> </ul>	ples on how to complete the below ber	neficiary designations if the b	eneficiary is a non-individual, such as a trust, chari			
	% of Account Balance	Estate of Anne Doe Primary Beneficiary (Name of Individual, Trust, Charity, etc.)					
	45 East Road	Anytown	MO	60000			
	Street Address	City	State	Zip Code			
		•					
	(XXX) XXX-XXXX Phone Number (Optional)	□ Spouse □ Child		request will be rejected and sent back for clarification.)  ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other			
		Domestic Partner					

**Example 4: Charity as Beneficiary** 

	ample it charty as beneficiary						
В	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.						
	100 % ABC	Charity					
		ry Beneficiary					
	(Name of Individual, Trust, Charity, etc.)						
	75 South Place	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)	☐ Spouse ☐ Child ☐ Parer	ıt □ Grandchild □ Sibling □	My Estate □ A Trust ■ Other			
		<ul><li>Domestic Partner</li></ul>					