



**Beneficiary Designation  
401(k) Plan / 457(b) Plan**

**State of South Carolina Salary Deferral 401(k) Plan and Trust**  98955-01

**State of South Carolina 457 Deferred Compensation Plan and Trust**  98955-02

**For My Information**

- For questions regarding this form, visit the website at [www.southcarolinadcp.com](http://www.southcarolinadcp.com) or contact Service Provider at 1-877-457-6263.
- 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 \_\_\_\_\_

			-			-					
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Social Security Number (Must provide all 9 digits)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_

( )

Email Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

( )

Married     Unmarried

Alternate Phone Number \_\_\_\_\_

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

**Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)**

- 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.

_____ %	Primary Beneficiary Name	Social Security or Taxpayer Identification Number	Relationship	____/____/____ Date of Birth
_____ %	Primary Beneficiary Name	Social Security or Taxpayer Identification Number	Relationship	____/____/____ Date of Birth
_____ %	Primary Beneficiary Name	Social Security or Taxpayer Identification Number	Relationship	____/____/____ Date of Birth

**Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)**

_____ %	Contingent Beneficiary Name	Social Security or Taxpayer Identification Number	Relationship	____/____/____ Date of Birth
_____ %	Contingent Beneficiary Name	Social Security or Taxpayer Identification Number	Relationship	____/____/____ Date of Birth
_____ %	Contingent Beneficiary Name	Social Security or Taxpayer Identification Number	Relationship	____/____/____ Date of Birth

Last Name

First Name

M.I.

Social Security Number

Number

**C 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 Plans, 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 Plans 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% in whole percentages.**

I understand that the 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, the 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)** \_\_\_\_\_

**D Mailing Instructions**

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

**Fax to:**  
Empower Retirement  
1-866-745-5766

**OR**

**Regular Mail to:**  
Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**OR**

**Express Mail to:**  
Empower Retirement  
8515 E. Orchard Road  
Greenwood Village, CO 80111

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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> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<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 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				

**Example 2: Trust as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<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	Trust	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				

**Example 3: Estate as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<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	Estate		/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				

**Example 4: Charity as Beneficiary**

<b>B Beneficiary Designation</b> (Attach an additional sheet to name additional beneficiaries.)				
<b>Primary Beneficiary Designation</b> (Primary beneficiary designations must total 100% in whole percentages.)				
<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	Charity	XX-XXXXXXX	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
(XXX) XXX-XXXX Phone Number (Optional)				