

TEXASAVER

401(k) / 457 Program

Quick Paycheck Contribution Election 401(k) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-634-5091.

98960-01 TexaSaver 401(k) Plan

A Participant Information

Social Security Number	Account Extension	<i>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</i>	
Last Name	First Name	M.I.	Date of Birth () / () / ()
Street Address			Personal Phone Number () () ()
City	State	Zip Code	Work Phone Number
Email Address	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		

B Payroll Change

Paycheck Contribution Election (Payroll Deductions)

I elect to change my **total** paycheck contribution to the following percentage(s) of my eligible compensation indicated below (monthly deferral percentage):

- Before-Tax Contributions 2%
 Before-Tax Contributions 3%
 Before-Tax Contributions 4%
 Before-Tax Contributions Other _____% (5% - 99%)
 Roth Contributions _____% (1% - 99%)

Payroll Effective Date (mm/dd/yyyy) ____/____/____

Date of Hire (mm/dd/yyyy) ____/____/____

The total annual before-tax and Roth Contributions cannot exceed \$18,000.00 of my eligible compensation in the 2015 tax year.

C Participant Consent

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- I may change the percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- If I wish to change my paycheck contribution to a percentage that is different than what is on this form or elect additional age 50 catch-up, I understand that I must contact my plan administrator or local representative to obtain a Paycheck Contribution Election Form.
- My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____

Date (Required) _____

D Mailing Instructions

Participant forward to Empower Retirement

Empower Retirement
Austin Service Center
400 W 15th St, Ste 317
Austin, TX 78701

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

Phone: 1-877-358-0966
Fax: 1-877-358-0963
Website: www.texasaver.com

Express Mail:
8515 E. Orchard Road
Greenwood Village, CO 80111

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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