Beneficiary Designation Governmental 457(b) Plan

Mil	Milwaukee County Deferred Compensation Plan 98442-01										
For	My Information										
		is form, visit the Web site at www.n	nilwaukeecounty457.com	า or contact Service Provider at	1-877-457-6459.						
	Jse black or blue ink when	, ,									
Α	Participant Information										
	Account extension, if applic transferred to a beneficiary death, alternate payee do participant with multiple acc	y due to participant's lue to divorce or a	dension Social	I Security Number (Must provide a	all 9 digits)						
	Last Name		First Name	M.I. Date of Birt							
				()							
	Email Address			Daytime Ph	Daytime Phone Number						
	Department/Division/Pay	wroll Contor		(
		hone Number									
	☐ Married ☐ U	Inmarried									
В	Beneficiary Designat	tion									
	Primary Beneficiary	Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)									
	9/										
	% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth						
	,,,	, , , , , , , , , , , , , , , , , , ,									
	Street Address	Cit	ty	State	Zip Code						
	%				1 1						
	% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth						
	Street Address	Cit	tv	State	Zip Code						
	%	- ··	9	Olulo	/ /						
	% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth						
	Street Address	Cit	у	State	Zip Code						
	Contingent Beneficia	ary Designation									
	%										
	% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth						
	Street Address City			State	Zip Code						
	%	C. C. I.D. C. Isaa Nama	D. J. C. Jakin	O. 1.10. W. Niverkan	/ /						
	% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth						
Street Address %		Cit	cy .	State	Zip Code						
					1 1						
	% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth						
Street Address		Cit	īy	State	Zip Code						

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	Last Name		First Name	M.I.	Social Sec	urity Number	Number		
С	Participant Consent for Beneficiary Designation								
	I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, 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 Plan 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 Web site 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: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764		OR	Express Mail to: Empower Retiren 8515 E. Orchard Greenwood Villag	nent Road		

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

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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