



**Participant Enrollment  
Governmental 457(b) Plan**

**State of West Virginia Retirement Plus Deferred Compensation Plan**

**98947-01**

**Participant Information**

<p>Social Security Number _____</p> <p>E-Mail Address _____</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Mo Day Year                      Mo Day Year</p> <p>_____ _____ _____                       _____ _____ _____ </p> <p>Date of Birth                                      Date of Hire</p> <p>Annual Income _____</p> <p><input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.</p>	<p>Last Name                      First Name                      MI</p> <p>_____ _____ _____                       _____ _____ _____                       ____ </p> <p>Address - Number &amp; Street _____</p> <p>_____ _____ _____                       ____                       ____                       ____ </p> <p>City                                      State                      Zip Code</p> <p>(    )                                      (    )</p> <p>_____ _____ _____                       _____ _____ _____ </p> <p>Home Phone                                      Work Phone</p> <p>Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
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**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.wv457.com](http://www.wv457.com) for fast and easy enrollment in our Online File Cabinet service.

Payroll Center Name _____	Payroll Center Number _____
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**Managed Accounts Service Information**

The Managed Accounts Service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment election for future contributions and will rebalance your account quarterly, if necessary. This election will be effective the day of receipt if received in good order by Service Provider prior to New York Stock Exchange market close. Any request received after New York Stock Exchange market close will be considered received the next business day. By electing the Managed Accounts Service, I agree to the fees associated with this service and understand the fee will be deducted from my account on a quarterly basis in accordance with the attached Managed Accounts Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

**Managed Accounts Service:**

- By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I revoke or amend my election.

**-OR-**

**Select My Own Investment Options:**

- I elect to direct my own investments. By declining the Managed Accounts Service, I agree to, understand and acknowledge the following:
  1. I had the opportunity to have an investment expert, Advised Assets Group, LLC ("AAG"), make investment decisions on my behalf and I chose not to accept this option.
  2. 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.
  3. I take full responsibility for my own investment elections.
  4. 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.

Make your investment election for future deposits in the Investment Option Information section.

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

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

**Do not complete this section if you are electing to enroll in the Managed Accounts Service.**

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

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 documents for more information.

INVESTMENT OPTION				INVESTMENT OPTION			
%	NAME	TICKER	CODE	%	NAME	TICKER	CODE
_____	Great-West Lifetime 2015 Fund II Inst.....	MXMZX	MXMZX	_____	Vanguard Mid Cap Index Fund - Admiral.....	VIMAX	VIMAX
_____	Great-West Lifetime 2025 Fund II Inst.....	MXPAX	MXPAX	_____	American Funds Growth Fund of Amer R5.....	RGAFX	RGAFX
_____	Great-West Lifetime 2035 Fund II Inst.....	MXRJX	MXRJX	_____	American Funds Fundamental Investors R5.....	RFNFX	RFNFX
_____	Great-West Lifetime 2045 Fund II Inst.....	MXVDX	MXVDX	_____	Fidelity Contrafund.....	FCNTX	FCNTX
_____	Great-West Lifetime 2055 Fund II Inst.....	MXYGX	MXYGX	_____	JPMorgan Equity Income R6.....	OIEJX	OIEJX
_____	American Funds EuroPacific Gr R5.....	RERFX	RERFX	_____	T. Rowe Price Growth & Income Fund.....	PRGIX	TR-GI
_____	American Funds New Perspective R5.....	RNPFX	RNPFX	_____	Vanguard 500 Index Admiral.....	VFIAX	VFIAX
_____	Baron Small Cap Instl.....	BSFIX	BSFIX	_____	Invesco Equity and Income R6.....	IEIFX	IEIFX
_____	Delaware Small Cap Value Instl.....	DEVIX	DEVIX	_____	T. Rowe Price Capital Appreciation.....	PRWCX	PRWCX
_____	Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	_____	Vanguard Total Bond Market Index Inst.....	VBTIX	VBTIX
_____	American Century Mid Cap Value Inst.....	AVUAX	AVUAX	_____	Guaranteed Interest Fund.....	N/A	WVGIF
_____	T. Rowe Price Mid Cap Growth Fund.....	RPMGX	TR-MCG	<b>= 100% MUST INDICATE WHOLE PERCENTAGES</b>			

**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 law.

**You may only designate three primary and three contingent beneficiaries on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than three primary and/or contingent beneficiaries, do not complete the section below. Instead, attach an additional sheet to name additional beneficiaries.**

**Primary Beneficiary**

_____	% of Account Balance	_____	Primary Beneficiary Name	_____	Relationship	_____	Date of Birth	( )	_____	Phone Number (Optional)
_____	% of Account Balance	_____	Primary Beneficiary Name	_____	Relationship	_____	Date of Birth	( )	_____	Phone Number (Optional)
_____	% of Account Balance	_____	Primary Beneficiary Name	_____	Relationship	_____	Date of Birth	( )	_____	Phone Number (Optional)

**Contingent Beneficiary**

_____	% of Account Balance	_____	Primary Beneficiary Name	_____	Relationship	_____	Date of Birth	( )	_____	Phone Number (Optional)
_____	% of Account Balance	_____	Primary Beneficiary Name	_____	Relationship	_____	Date of Birth	( )	_____	Phone Number (Optional)
_____	% of Account Balance	_____	Primary Beneficiary Name	_____	Relationship	_____	Date of Birth	( )	_____	Phone Number (Optional)

**Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).**

Last Name

First Name

M.I.

Social Security Number

Number

## 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.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts Service, I understand that I must provide my Social Security number, date of birth, gender, marital status and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts Service.

**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.

**Managed Accounts Service Fee** - If you elect the Managed Accounts Service, a quarterly fee will be assessed. If you wish to opt-out in the future please call an Advised Assets Group, LLC ("AAG") Representative at your Plan's the Voice Response System 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>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

### 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.*

**Participant forward to Service Provider at:**

Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-800-551-4218

**Fax #:** 1-866-745-5766

**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.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.