



Beneficiary Designation Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan

98966-01

For My Information

- For questions regarding this form, visit the website at www.mass-smart.com or contact Service Provider at 1-877-457-1900.
- 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

(The name provided MUST match the name on file with Service Provider.)

() / () / ()

Daytime Phone Number

Email Address

() () () () () () () () () ()

Alternate Phone Number

Married Unmarried

B 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.

%				/	/
% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date		
()					
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				
	<input type="checkbox"/> Domestic Partner				

%				/	/
% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date		
()					
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				
	<input type="checkbox"/> Domestic Partner				

%				/	/
% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date		
()					
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				
	<input type="checkbox"/> 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.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date		
()					
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				
	<input type="checkbox"/> Domestic Partner				

%				/	/
% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date		
()					
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)				
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				
	<input type="checkbox"/> Domestic Partner				

Last Name

First Name

M.I.

Social Security Number

98966-01
Number

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

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
()	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

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 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%. The percentages can be divided up to two decimal points (Example: 33.33%).**

I understand Plan provisions revoke a beneficiary designation of a spouse upon divorce, and Plan beneficiary default provisions will apply unless I designate a new beneficiary to replace my former spouse. I understand that I may rename my former spouse as a beneficiary, but the effective date must be post-divorce decree.

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 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)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

D Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:	OR Sent Regular Mail to:	OR Sent Express Mail to:
Login to account at www.mass-smart.com Click on Upload Documents to submit	Empower Retirement PO Box 173764 Denver, CO 80217-3764	Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

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