



Beneficiary Designation 401(a) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-888-988-3224.

98977-01 West Virginia Teachers' Defined Contribution Plan				
A Participant Information				
Social Security Number		Account Extension		Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.
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
Division/Employer				
B Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
%	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
%	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Contingent Beneficiary Designation				
%	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
%	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
C Participant Consent				
<p>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.</p> <p>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.</p> <p>If I currently have Joint Covered Persons elected for any Guaranteed Lifetime Withdrawal Benefit, the primary beneficiary on the account cannot be updated.</p> <p>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.</p> <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p>				
Participant Signature				Date (Required)
D Mailing Instructions				
Participant forward original to WV Teachers' Defined Contribution Retirement System				
Teachers' Defined Contribution Plan 4101 MacCorkle Avenue, SE Charleston, WV 25304			Phone: 1-888-988-3224 Fax: 1-304-558-5455 Website: www.wvteachersdcp.com	

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