

**Participant Enrollment
401(a) Plan**

WV Higher Education Policy Commission 401(a) Plan

350209-03

Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E-Mail Address		
City	State	Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
()	()		Mo Day Year	Mo Day Year	
Home Phone	Work Phone		Date of Birth	Date of Hire	

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement? * Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to your Plan's provisions.

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.empower-retirement.com/participant for fast and easy enrollment in our Online File Cabinet 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 CODE
(Internal Use Only)

MUST INDICATE WHOLE PERCENTAGES = 100%

INVESTMENT OPTION NAME	TICKER CODE	CODE	%
Great-West Aggressive Profile I Fund I.....	MXPPX	MX-PS5	_____
Great-West Mod Aggr Profile I Fund I.....	MXRPX	MX-PS4	_____
Great-West Moderate Profile I Fund I.....	MXOPX	MX-PS3	_____
Great-West Mod Conserv Profile I Fund I.....	MXTPX	MX-PS2	_____
Great-West Conserv Profile I Fund I.....	MXVPX	MX-PS1	_____
Artisan International Inv.....	ARTIX	ARTIX	_____
Morgan Stanley Inst US Real Estate P.....	MUSDX	MUSDX	_____
Heartland Value Fund.....	HRTVX	HT-VAL	_____
Loomis Sayles Small Cap Value Retail.....	LSCRX	LSCRX	_____
Ariel Appreciation Fund.....	CAAPX	CA-APP	_____

INVESTMENT OPTION NAME	TICKER CODE	CODE	%
Artisan Mid Cap Inv.....	ARTMX	ARTMX	_____
Baron Growth Retail.....	BGRFX	BGRFX	_____
American Century Equity Income.....	TWEIX	20-EQI	_____
American Funds Growth Fund A.....	AGTHX	AF-GF	_____
Great-West S&P 500 Index Fund I.....	MXVIX	MX-IN5	_____
Invesco Value Opportunities A.....	VVOAX	VVOAX	_____
Dreyfus Intermediate Term Inc A.....	DRITX	DRITX	_____
PIMCO Long-Term US Government Admin....	PLGBX	PLGBX	_____
Great-West Guaranteed Fixed Fund.....	N/A	GFF	_____
Great-West Money Market Fund I.....	MXMXX	MX-MMF	_____

MUST INDICATE WHOLE PERCENTAGES = 100%

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 one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
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Contingent Beneficiary

100.00%

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
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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 - 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 document and Fund Profile sheets, have been made available to me and I understand the risks of investing.

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 KeyTalk® 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.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. 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>.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee

Last Name

First Name

M.I.

Social Security Number

350209-03

Number

Authorized Plan Administrator/Trustee Approval

Authorized Plan Administrator/Trustee Signature

Date

Plan Administrator 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 #: 1-866-467-7756

Fax #: 1-866-745-5766

Web site: www.empower-retirement.com/participant

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: White Plains, 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.

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**Beneficiary Designation
401(a) Plan**

WV Higher Education Policy Commission 401(a) Plan

350209-03

For My Information

- For questions regarding this form, visit the website at www.empower-retirement.com/participant or contact Service Provider at 1-866-467-7756.
- 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 _____ / _____ / _____

Email Address _____ Daytime Phone Number _____ () _____

Married Unmarried

Alternate Phone Number _____

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

Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)

- 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.

%	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____ %	_____	_____	_____ - _____ - _____	____ / ____ / ____
_____ %	_____	_____	_____ - _____ - _____	____ / ____ / ____
_____ %	_____	_____	_____ - _____ - _____	____ / ____ / ____

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____ %	_____	_____	_____ - _____ - _____	____ / ____ / ____
_____ %	_____	_____	_____ - _____ - _____	____ / ____ / ____
_____ %	_____	_____	_____ - _____ - _____	____ / ____ / ____

C Signatures and Consent (Signatures must be on the lines provided.)

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% 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 website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

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

Participant Signature _____ **Date (Required)** _____

Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

Authorized Plan Administrator Signature _____ **Date (Required)** _____

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
Empower Retirement
1-866-745-5766

OR

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

OR

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

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This page is for informational purposes only - Do not return with the Beneficiary Designation form

EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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.				
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

Example 2: Trust as Beneficiary

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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.				
100 %	Trust of Jane Doe	Trust	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

Example 3: Estate as Beneficiary

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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.				
100 %	Estate of Anne Doe	Estate		/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

Example 4: Charity as Beneficiary

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)				
• 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.				
100 %	ABC Charity	Charity	XX-XXXXXXX	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

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