



457(b) - FBC Deferred Compensation Program

98771-02

For My Information

- For questions regarding this form, visit the website at MyFBCretirement.com or contact Service Provider at 1-844-732-7738. 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

Social Security Number (Must provide all 9 digits)

Last Name, First Name, M.I., Date of Birth, Daytime Phone Number, Email Address, Alternate Phone Number, Married/Unmarried checkboxes

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.

Primary Beneficiary Designation 1: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Primary Beneficiary Designation 2: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Primary Beneficiary Designation 3: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

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

Contingent Beneficiary Designation: % of Account Balance, Contingent Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Street Address, City, State, Zip Code, Relationship checkboxes

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

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.)*

| | | | |
|--------------------------------|---|--|--------------------------------|
| % | | | / / |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address (_____) | City | State | Zip Code |
| Phone Number <i>(Optional)</i> | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</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 | | |
| % | | | / / |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address (_____) | City | State | Zip Code |
| Phone Number <i>(Optional)</i> | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</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%).**

If I have elected Guaranteed Annual Withdrawals with a Joint Covered Person, my spouse must be my sole primary beneficiary.

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 | | Empower Retirement | | Empower Retirement |
| MyFBCretirement.com | | PO Box 173764 | | 8515 E. Orchard Road |
| Click on Upload Documents to submit | | Denver, CO 80217-3764 | | Greenwood Village, CO 80111 |

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

Securities offered by GWFS Equities, Inc., Member FINRA/SIPC, marketed under the Empower brand, and/or other broker-dealers. GWFS is affiliated with Great-West Funds, Inc.; Great-West Trust Company, LLC; and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC, marketed under the Great-West Investments™ brand.

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EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

| | | | |
|---|--|---|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| • 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. | | | |
| 33.33 % | John M. Doe | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 111 Elm Street | Anytown | MO | 60000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | 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 checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |
| 33.33 % | Don M. Doe | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 222 North Avenue | Anytown | CA | 90000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | 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 checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |
| 33.34 % | Michelle L. Doe | XXX-XX-XXXX | 01/06/1957 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 333 West Blvd | Anytown | CO | 80000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | 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 checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

Example 2: Trust as Beneficiary

| | | | |
|---|--|---|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| • 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 | XX-XXXXXXXX | 06/30/2015 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 150 Main Street | Anytown | MO | 60000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | 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 checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

Example 3: Estate as Beneficiary

| | | | |
|---|--|---|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| • 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 | | / / |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 45 East Road | Anytown | MO | 60000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | 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 checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

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EXAMPLE BENEFICIARY DESIGNATIONS

Example 4: Charity as Beneficiary

| | | | |
|---|--|--|--|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| • 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 | XX-XXXXXXX | / / |
| <small>% of Account Balance</small> | <small>Primary Beneficiary (Name of Individual, Trust, Charity, etc.)</small> | <small>Social Security or Taxpayer Identification Number</small> | <small>Date of Birth or Trust Date</small> |
| 75 South Place | Anytown | CO | 80000 |
| <small>Street Address</small> | <small>City</small> | <small>State</small> | <small>Zip Code</small> |
| (XXX) XXX-XXXX | <small>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</small> | | |
| <small>Phone Number (Optional)</small> | <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 checked="" type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |