

# We need your beneficiary information. It is quick and easy to update!

**Make sure your retirement assets go to those you intend, should you pass. Even if you have previously provided your beneficiary information, it is good practice to review your designated beneficiary periodically.**

It takes just a few minutes to add or update your beneficiary information through the South Carolina Deferred Compensation Program (Program) website. Follow the steps below to add or update your beneficiary online.

- 1** Log in to **www.southcarolinadcp.com**.
- 2** Select the plan for which you wish to review, add or update your designated beneficiary.
- 3** Select the *Beneficiaries* link under the *Account Information* column.
- 4** Select the *Add Beneficiary* button (if you do not have one on file) or the *Add Another Beneficiary* button (to update).
- 5** Fill in the information about your beneficiary. Be sure to have his Social Security number handy. The system will not allow the addition of a new beneficiary without this information.
- 6** Verify the information is correct and click the *Confirm & Continue* button.
- 7** If you have more than one plan, select the *My Plans* drop down menu in the left column and go back to Step 3.



You can contact Customer Service at **877.457.6263** for assistance with logging in to your account or completing the form. Representatives are available between 8 a.m. and 10 p.m. Eastern time, Monday through Friday.



**Please note:** If you have assets in both the 401(k) and 457 plans you will need to enter beneficiary information for each plan. Remember that updating your Program beneficiary does not affect your beneficiary for your retirement system account with PEBA. You must update that separately with PEBA.

**If you do not wish to provide your beneficiary information online, we have included a blank beneficiary form for you to complete. Simply fill out the form and return it to the address or fax number listed on the form, or give it to your local retirement plan advisor.**

**Securities offered or distributed through GWFS Equities, Inc., Member FINRA/SIPC and a subsidiary of Great-West Life & Annuity Insurance Company.**

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**State of South Carolina Salary Deferral 401(k) Plan and Trust**

98955-01

**State of South Carolina 457 Deferred Compensation Plan and Trust**

98955-02

**For My Information**

- For questions regarding this form, visit the website at [www.southcarolinadcp.com](http://www.southcarolinadcp.com) or contact Service Provider at 1-877-457-6263.
- 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% - 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 <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		

%			/ /
% of Account Balance	Primary 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		

%			/ /
% of Account Balance	Primary 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		

**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
( )	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		

%			/ /
% 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
( )	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		

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>		
	<b>Contingent Beneficiary Designation</b> <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>		
	%		/ /
	% of Account Balance ( _____ )	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date
	Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	Social Security or Taxpayer Identification Number
		<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	

<b>C</b>	<b>Participant Consent for Beneficiary Designation</b> <i>(Please sign on the 'Participant Signature' line below.)</i>  <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. <b>Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</b></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 website at: <a href="http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx">http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx</a>.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p><b>Participant Signature</b> _____ <b>Date (Required)</b> _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>
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<b>D</b>	<b>Mailing Instructions</b>  <p>After all signatures have been obtained, this form can be sent by</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>Fax to:</b>            Empower Retirement            1-866-745-5766         </td> <td style="width: 33%; text-align: center;"><b>OR</b></td> <td style="width: 33%;"> <b>Regular Mail to:</b>            Empower Retirement            PO Box 173764            Denver, CO 80217-3764         </td> <td style="width: 33%; text-align: center;"><b>OR</b></td> <td style="width: 33%;"> <b>Express Mail to:</b>            Empower Retirement            8515 E. Orchard Road            Greenwood Village, CO 80111         </td> </tr> </table>	<b>Fax to:</b> Empower Retirement 1-866-745-5766	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764	<b>OR</b>	<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
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