



Paycheck Contribution Election Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-877-457-1900.

98966-01 Massachusetts Deferred Compensation SMART Plan					
A	Participant Information			<i>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</i>	
	Social Security Number	Account Extension			
	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/Payroll Center				
	B	Payroll Election(s)			
Paycheck Contribution Election (Payroll Deductions)					
	Select One: <input type="checkbox"/> Sick & Vacation Pay <input type="checkbox"/> Other (one-time Deferral) Specify reason: _____				
	I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (<i>per pay period</i>):				
	<input type="checkbox"/> Before-Tax Contributions \$ _____ or _____ % (\$10.00 - \$19,500.00 or 1% - 100%)				
	<input type="checkbox"/> Roth Contributions \$ _____ or _____ % (\$10.00 - \$19,500.00 or 1% - 100%)				
	Payroll Effective Date (mm/dd/yyyy) ____/____/____ Date of Hire (mm/dd/yyyy) ____/____/____				
	The total annual before-tax and Roth contributions cannot exceed \$19,500.00 of my eligible compensation in the 2020 tax year.				
C	Participant Consent				
	<p>My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:</p> <ul style="list-style-type: none"> • Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections. • Payroll elections must be entered into prior to the first day of the month that the deferral will be made. • I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan. • It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions. • My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code. • I authorize the payroll deduction as indicated on this form. <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 to Human Resources/Payroll Department				

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