

Earnhardt's Savings Plan

194048-01

For My Information

- For questions regarding this form, visit the Web site at www.empower-retirement.com/401kParticipant or contact Service Center at 1-888-411-4015.
- 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

_____ Division

_____(____)_____ Alternate Phone Number

Married Unmarried

B Beneficiary Designation

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

If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.

_____ %	_____ % of Account Balance	_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security Number
_____ %	_____ % of Account Balance	_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security Number
_____ %	_____ % of Account Balance	_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security Number

Contingent Beneficiary Designation

_____ %	_____ % of Account Balance	_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security Number
_____ %	_____ % of Account Balance	_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security Number
_____ %	_____ % of Account Balance	_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security Number

C Signatures and Consent

Participant Consent

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 Center. 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 Center 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 Center 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>.

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent section of this form.

Last Name

First Name

M.I.

Social Security Number

C Signatures and Consent

Participant Consent

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

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

Spousal Consent

I, *(name of spouse)* _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified survivor annuity. I hereby voluntarily consent to the primary beneficiary(ies) named on the previous page. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation or designates me to receive 100% of his or her vested account balance.

Spouse's Signature _____ **Date (Required)** _____

If I live in California and my notary is required to use the state notary form, the following items must be completed by the notary on the state notary form: the title of the form I am completing, the plan name, the plan number, the document date, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

My signature must be notarized by a Notary Public or witnessed by my spouse's Plan Administrator. The date I sign this form must match the date on which my signature is notarized or witnessed.

Statement of Notary

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn *(or affirmed)*

State of _____) to before me on this _____ day of _____, year _____, by _____

SEAL

)ss. *(name of spouse)* _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public _____ My commission expires ____ / ____ / ____

Plan Administrator Witnessing Spousal Consent

If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence.

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

D Mailing Instructions

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

Fax to:
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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