



**Salary Deferral Agreement
Governmental 457(b) Plan**

State of Alaska Deferred Compensation Plan

98214-01

Participant Information

Last Name			First Name			MI			Social Security Number															
Address - Number & Street												E-Mail Address												
City				State				Zip Code				Mo			Day			Year			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()						()						Date of Birth						<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried				
Home Phone						Work Phone						Do you have a retirement savings plan with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No												

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

- Restart Payroll Deductions
- Increase Payroll Deductions
- Decrease Payroll Deductions
- Stop Payroll Deductions

Specify the following:

- I elect to contribute \$ _____ (per pay period) of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ (per pay period) of my compensation after-tax as a designated Roth contribution to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Warrant Distribution Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Your Consent and Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made. I also understand that if I am increasing or decreasing my payroll deductions, the new deferral amount will take effect on the first pay period after the first of the month in which the change was made. If I am stopping payroll deductions, all existing deferrals will be cancelled.

Participant Signature

Date

Participant 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 #: 1-800-232-0859
Fax #: 1-866-745-5766

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