



Beneficiary Designation Governmental 457(b) Plan

Please use black or blue ink when completing this form.

If there are any questions regarding the completion of this form, contact Service Provider at 1-877-457-1900.

98966-02 Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

A Participant Information

Social Security Number _____		Account Extension _____		Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.
Last Name _____		First Name _____	M.I. _____	
Street Address _____		Date of Birth () _____		Personal Phone Number () _____
City _____	State _____	Zip Code _____		Work Phone Number _____
Email Address _____				<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Division/Payroll Center _____				

B Primary Beneficiary Designation

% of Account Balance _____	Primary Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth (/ /) _____
% of Account Balance _____	Primary Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth (/ /) _____
% of Account Balance _____	Primary Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth (/ /) _____

Contingent Beneficiary Designation

% of Account Balance _____	Contingent Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth (/ /) _____
% of Account Balance _____	Contingent Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth (/ /) _____
% of Account Balance _____	Contingent Beneficiary Name _____	Relationship _____	Social Security Number _____	Date of Birth (/ /) _____

C 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, their share will be allocated among 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 supercedes 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 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 Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

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

Participant Signature _____ Date (Required) _____



Last Name	First Name	M.I.	Social Security Number	Number
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D Mailing Instructions**Participant** forward to Service Provider

Great-West Retirement Services®

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Denver, CO 80217-3764

Phone: 1-877-457-1900

Fax: 1-866-745-5766

Website: www.mass-smart.com

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Greenwood Village, CO 80111

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