



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			
Social Security Number _____		Account Extension _____	
Last Name _____		First Name _____	M.I. _____
Street Address _____		Date of Birth () - () / () - ()	
City _____	State _____	Zip Code _____	Personal Phone Number () - () / () - ()
Email Address _____		Work Phone Number _____	
Division/Payroll Center _____		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
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 - \$18,000.00 or 1% - 100%)
<input type="checkbox"/> Roth Contributions	\$ _____	or _____ %	(\$10.00 - \$18,000.00 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 \$18,000.00 of my eligible compensation in the 2016 tax year.			
C Participant Consent			
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:			
<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 • Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified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. 			
Any person who presents false or fraudulent information is subject to criminal and civil penalties.			
Participant Signature _____		Date (Required) _____	
D Mailing Instructions			
Participant forward to Human Resources/Payroll Department			

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