

Personal Information Change Request Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-866-816-4400.

Coi	nty of Union Deferred Compensation Plan 743254-01						
A	Participant Information (Provide Name, Social Security Number and Date of Birth as it currently appears on the account)						
	Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.						
	Account Extension U.S Social Security/U.S Taxpayer Identification Number (Must provide all 9 digits)						
	Last Name First Name M.I. Date of Birth (The name provided MUST match the name on file with Service Provider.)						
	I have a retirement savings account with a previous employer or an IRA. Yes or No I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # to review my options and assist me with the process. The best time to call is to A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). *Rollovers are subject to my Plan's provisions.						
В	Name Change (Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order)						
	Last Name First Name M.I.						
	Address Change (Required for my signature to be notarized or witnessed in the section below.)						
	If I am still employed with the employer/company sponsoring this Plan, I must contact them to update my address.						
	Street Address City/State/Zip Code						
	Contact Information Change						
	Daytime Phone Number Alternate Phone Number Email Address						
	Personal Information Change						
	Date of Birth / / (Attach a copy of Birth Certificate, Military ID, Passport or Driver's License)						
	Change of Status:						
	Social Security Number Change (If I am still employed, I must obtain approval from my Employer)						
	Social Security Number (Attach a signed copy of Social Security Card)						

	Last Name	Firs	st Name	M.I.	Soci	ial Security Number	743254-01 Number	
С	Signatures and Consent (Signatures must be on the lines provided.)							
	Participant Consent (Please sign on the 'Participant Signature' line below.)							
	I affirm that the information I have provided on this form is true and correct. Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.							
	Participant Signature Date (Required) A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.							
	Signature Notarization (Required if requesting an Address Change. May also be witnessed in the Authorized Plan Administrator Signature section below.)							
	For Residents of all states (except California), please have your notary complete the section below.							
	Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and my name. The notary forms not containing this information will be rejected and it will delay this request.							
	The date I sign this form in the 'Participant Consent' section above must match the date on which my signature is notarized below.							
	Statement of Notary NOTE: Notary seal must be visible.							
		This requ	uest was subscribed and sv	vorn <i>(o</i>	r affirmed) t	to before me		
	State of)	on this_	day of	, yea	ar	, by	SEAL	
)ss. County of)	proved to	participant) o me on the basis of satisfa eared before me.		vidence to I	be the person		
	Notary Public My commission expires/							
	A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.							
	Authorized Plan Administrator Signature (Required for Social Security Number changes or if witnessing Participant's signature for an Address Change.) (Please sign on the 'Authorized Plan Administrator Signature' line below.)							
	I certify and accept that the information provided by the participant on this form is correct.							
	If the participant has requested an address change and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.							
	Authorized Plan Administrator Signa	ature				Date (Re	quired)	
	A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.							
	Print Full Name							
D	Delivery Instructions							
	After all signatures have been of Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to su	OR	chis form can be Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764		Empower 8515 E. O	ress Mail to: Retirement Inchard Road od Village, CO		
	Ne will not accept hand delivered forms at Express Mail addresses.							

Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC. GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower Retirement is not affiliated with MassMutual, Talcott, or any of their respective affiliates.