



## Participant Enrollment Governmental 457(b) Plan

### ALAMEDA COUNTY 457(B) DEFERRED COMPENSATION PLAN

**525127-01**

#### Participant Information

Last Name First Name MI  
(The name provided MUST match the name on file with Service Provider.)

Mailing Address

City State ZIP Code

Home Phone Work Phone

☐ Check box if you prefer to receive quarterly account statements in Spanish.

Social Security Number

E-Mail Address

☐ Married ☐ Unmarried ☐ Female ☐ Male

Date of Birth (mm/dd/yyyy)

Date of Hire (mm/dd/yyyy)

#### Payroll Information

☐ Pretax contributions \$ \_\_\_\_\_ OR \_\_\_\_\_ % Minimum election - \$20.00 or 1.5%

☐ Roth contributions \$ \_\_\_\_\_ OR \_\_\_\_\_ % Minimum election - \$20.00 or 1.5%

The total annual combination of pretax and Roth contributions cannot exceed 61% of my gross pay OR \$23,000 of my eligible compensation in the 2024 tax year, whichever is less. The total combination of pretax and Roth Age 50 §457 Catch-Up amount cannot exceed \$7,500 of my eligible compensation in the 2024 tax year (when added to the basic contribution amount, the aggregate maximum available is \$30,500 in 2024). My contributions must be specified consistently (as a dollar amount or as a percentage).

Payroll Effective Date: \_\_\_\_\_  
(mm/dd/yyyy)

Payroll Center Name: THE COUNTY OF ALAMEDA  
Bi-Weekly payroll 001881

Payroll Center Number: 2

Division Name: Subplan 001881

Division Number: 2

Employee ID

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option and Asset Allocation Models.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) or your own investment options (B).

**(A) Asset Allocation Model Selection** - only one model can be selected

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Advisor GoalMaker AGGRESSIVE 2005	<input type="checkbox"/>	Advisor GoalMaker CONS 2023	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2006	<input type="checkbox"/>	Advisor GoalMaker CONS 2024	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2007	<input type="checkbox"/>	Advisor GoalMaker CONS 2025	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2008	<input type="checkbox"/>	Advisor GoalMaker CONS 2026	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2009	<input type="checkbox"/>	Advisor GoalMaker CONS 2027	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2010	<input type="checkbox"/>	Advisor GoalMaker CONS 2028	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2011	<input type="checkbox"/>	Advisor GoalMaker CONS 2029	<input type="checkbox"/>

Last Name	First Name	M.I.	Social Security Number	Number
<u>Asset Allocation Model Name</u>	<u>Model Selection</u>		<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Advisor GoalMaker AGGRESSIVE 2012	<input type="checkbox"/>		Advisor GoalMaker CONS 2030	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2013	<input type="checkbox"/>		Advisor GoalMaker CONS 2031	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2014	<input type="checkbox"/>		Advisor GoalMaker CONS 2032	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2015	<input type="checkbox"/>		Advisor GoalMaker CONS 2033	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2016	<input type="checkbox"/>		Advisor GoalMaker CONS 2034	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2017	<input type="checkbox"/>		Advisor GoalMaker CONS 2035	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2018	<input type="checkbox"/>		Advisor GoalMaker CONS 2036	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2019	<input type="checkbox"/>		Advisor GoalMaker CONS 2037	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2020	<input type="checkbox"/>		Advisor GoalMaker CONS 2038	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2021	<input type="checkbox"/>		Advisor GoalMaker CONS 2039	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2022	<input type="checkbox"/>		Advisor GoalMaker CONS 2040	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2023	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2005	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2024	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2006	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2025	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2007	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2026	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2008	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2027	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2009	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2028	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2010	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2029	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2011	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2030	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2012	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2031	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2013	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2032	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2014	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2033	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2015	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2034	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2016	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2035	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2017	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2036	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2018	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2037	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2019	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2038	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2020	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2039	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2021	<input type="checkbox"/>
Advisor GoalMaker AGGRESSIVE 2040	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2022	<input type="checkbox"/>
Advisor GoalMaker CONS 2005	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2023	<input type="checkbox"/>
Advisor GoalMaker CONS 2006	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2024	<input type="checkbox"/>
Advisor GoalMaker CONS 2007	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2025	<input type="checkbox"/>
Advisor GoalMaker CONS 2008	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2026	<input type="checkbox"/>
Advisor GoalMaker CONS 2009	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2027	<input type="checkbox"/>
Advisor GoalMaker CONS 2010	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2028	<input type="checkbox"/>
Advisor GoalMaker CONS 2011	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2029	<input type="checkbox"/>
Advisor GoalMaker CONS 2012	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2030	<input type="checkbox"/>
Advisor GoalMaker CONS 2013	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2031	<input type="checkbox"/>
Advisor GoalMaker CONS 2014	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2032	<input type="checkbox"/>
Advisor GoalMaker CONS 2015	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2033	<input type="checkbox"/>
Advisor GoalMaker CONS 2016	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2034	<input type="checkbox"/>
Advisor GoalMaker CONS 2017	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2035	<input type="checkbox"/>
Advisor GoalMaker CONS 2018	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2036	<input type="checkbox"/>
Advisor GoalMaker CONS 2019	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2037	<input type="checkbox"/>
Advisor GoalMaker CONS 2020	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2038	<input type="checkbox"/>
Advisor GoalMaker CONS 2021	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2039	<input type="checkbox"/>
Advisor GoalMaker CONS 2022	<input type="checkbox"/>		Advisor GoalMaker MODERATE 2040	<input type="checkbox"/>

**(B) Select Your Own Investment Options**

INVESTMENT OPTION			INVESTMENT OPTION		
<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
State St Gbl AllCp Eq ex-US Idx SL Cl II.....	N/A SSGAII	_____	Hartford Core Equity R6.....	HAITX HAITX	_____
MFS Intl Growth Equity (IS Platform).....	N/A D1320A	_____	JPMorgan Equity Income R6.....	OIEJX OIEJX	_____
Fidelity Small Cap Index.....	FSSNX FSSNX	_____	Large Cap Growth / Jennison Fund.....	N/A D0982A	_____
JPMorgan Small Cap Equity R5.....	JSERX JSERX	_____	Pax Sustainable Allocation Inst.....	PAXIX PAXIX	_____
Carillon Scout Mid Cap R-6.....	CSMUX CSMUX	_____	PIMCO Income Instl.....	PIMIX PIMIX	_____
Fidelity Mid Cap Index.....	FSMDX FSMDX	_____	Core Plus Bond / PGIM Fund.....	N/A D0859A	_____
Fidelity 500 Index.....	FXAIX FXAIX	_____	Alameda County SVF.....	N/A D2101A	_____
			<b>MUST INDICATE WHOLE PERCENTAGES = 100%</b>		

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Asset Allocation Models** - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

**Advisor GoalMaker AGGRESSIVE 2005** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 4%  
FSMDX 3% PIMIX 5% D0859A 31% FSSNX 2% JSERX 2% D2101A 17%

**Advisor GoalMaker AGGRESSIVE 2006** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 4%  
FSMDX 3% PIMIX 5% D0859A 31% FSSNX 2% JSERX 2% D2101A 17%

**Advisor GoalMaker AGGRESSIVE 2007** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 4%  
FSMDX 3% PIMIX 5% D0859A 31% FSSNX 2% JSERX 2% D2101A 17%

**Advisor GoalMaker AGGRESSIVE 2008** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 4%  
FSMDX 3% PIMIX 5% D0859A 31% FSSNX 2% JSERX 2% D2101A 17%

**Advisor GoalMaker AGGRESSIVE 2009** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5%  
FSMDX 3% PIMIX 5% D0859A 31% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker AGGRESSIVE 2010** - SSGAII 8% D1320A 8% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5%  
FSMDX 3% PIMIX 5% D0859A 30% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker AGGRESSIVE 2011** - SSGAII 8% D1320A 9% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 6%  
FSMDX 4% PIMIX 5% D0859A 28% FSSNX 2% JSERX 2% D2101A 13%

**Advisor GoalMaker AGGRESSIVE 2012** - SSGAII 10% D1320A 10% FXAIX 14% HAITX 5% OIEJX 6% CSMUX 6%  
FSMDX 4% PIMIX 5% D0859A 24% FSSNX 2% JSERX 2% D2101A 12%

**Advisor GoalMaker AGGRESSIVE 2013** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 5% OIEJX 6% CSMUX 6%  
FSMDX 4% PIMIX 5% D0859A 24% FSSNX 2% JSERX 2% D2101A 11%

**Advisor GoalMaker AGGRESSIVE 2014** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 6% OIEJX 6% CSMUX 6%  
FSMDX 5% PIMIX 5% D0859A 23% FSSNX 2% JSERX 2% D2101A 10%

**Advisor GoalMaker AGGRESSIVE 2015** - SSGAII 10% D1320A 10% FXAIX 16% HAITX 6% OIEJX 7% CSMUX 7%  
FSMDX 5% PIMIX 5% D0859A 21% FSSNX 2% JSERX 2% D2101A 9%

**Advisor GoalMaker AGGRESSIVE 2016** - SSGAII 10% D1320A 11% FXAIX 17% HAITX 6% OIEJX 7% CSMUX 7%  
FSMDX 5% PIMIX 5% D0859A 20% FSSNX 2% JSERX 2% D2101A 8%

**Advisor GoalMaker AGGRESSIVE 2017** - SSGAII 12% D1320A 11% FXAIX 18% HAITX 6% OIEJX 7% CSMUX 7%  
FSMDX 5% PIMIX 5% D0859A 17% FSSNX 3% JSERX 2% D2101A 7%

**Advisor GoalMaker AGGRESSIVE 2018** - SSGAII 12% D1320A 12% FXAIX 18% HAITX 7% OIEJX 7% CSMUX 7%  
FSMDX 5% PIMIX 5% D0859A 16% FSSNX 3% JSERX 2% D2101A 6%

**Advisor GoalMaker AGGRESSIVE 2019** - SSGAII 12% D1320A 12% FXAIX 18% HAITX 7% OIEJX 7% CSMUX 7%  
FSMDX 5% PIMIX 5% D0859A 16% FSSNX 3% JSERX 2% D2101A 6%

**Advisor GoalMaker AGGRESSIVE 2020** - SSGAII 12% D1320A 12% FXAIX 19% HAITX 7% OIEJX 8% CSMUX 7%  
FSMDX 5% PIMIX 4% D0859A 15% FSSNX 3% JSERX 2% D2101A 6%

**Advisor GoalMaker AGGRESSIVE 2021** - SSGAII 12% D1320A 13% FXAIX 19% HAITX 7% OIEJX 8% CSMUX 8%  
FSMDX 5% PIMIX 3% D0859A 13% FSSNX 3% JSERX 3% D2101A 6%

**Advisor GoalMaker AGGRESSIVE 2022** - SSGAII 12% D1320A 14% FXAIX 20% HAITX 7% OIEJX 8% CSMUX 8%  
FSMDX 5% PIMIX 3% D0859A 11% FSSNX 3% JSERX 3% D2101A 6%

**Advisor GoalMaker AGGRESSIVE 2023** - SSGAII 12% D1320A 14% FXAIX 20% HAITX 7% OIEJX 8% CSMUX 8%  
FSMDX 5% PIMIX 3% D0859A 11% FSSNX 3% JSERX 3% D2101A 6%

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**Advisor GoalMaker AGGRESSIVE 2024** - SSGAII 14% D1320A 14% FXAIX 20% HAITX 16% CSMUX 8% FSMDX 6% PIMIX 4% D0859A 12% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2025** - SSGAII 14% D1320A 14% FXAIX 21% HAITX 16% CSMUX 9% FSMDX 6% PIMIX 4% D0859A 10% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2026** - SSGAII 14% D1320A 14% FXAIX 21% HAITX 16% CSMUX 9% FSMDX 6% PIMIX 4% D0859A 10% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2027** - SSGAII 14% D1320A 15% FXAIX 21% HAITX 17% CSMUX 9% FSMDX 6% PIMIX 3% D0859A 9% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2028** - SSGAII 14% D1320A 15% FXAIX 21% HAITX 17% CSMUX 9% FSMDX 6% PIMIX 3% D0859A 9% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2029** - SSGAII 15% D1320A 15% FXAIX 22% HAITX 17% CSMUX 9% FSMDX 7% PIMIX 3% D0859A 6% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2030** - SSGAII 15% D1320A 15% FXAIX 22% HAITX 17% CSMUX 9% FSMDX 7% PIMIX 3% D0859A 6% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2031** - SSGAII 15% D1320A 15% FXAIX 22% HAITX 17% CSMUX 9% FSMDX 7% PIMIX 3% D0859A 6% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2032** - SSGAII 15% D1320A 16% FXAIX 23% HAITX 18% CSMUX 9% FSMDX 7% PIMIX 2% D0859A 4% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2033** - SSGAII 15% D1320A 16% FXAIX 23% HAITX 18% CSMUX 9% FSMDX 7% PIMIX 2% D0859A 4% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2034** - SSGAII 16% D1320A 16% FXAIX 23% HAITX 18% CSMUX 9% FSMDX 7% PIMIX 2% D0859A 3% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2035** - SSGAII 16% D1320A 16% FXAIX 24% HAITX 18% CSMUX 10% FSMDX 7% D0859A 3% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2036** - SSGAII 16% D1320A 16% FXAIX 24% HAITX 18% CSMUX 10% FSMDX 7% D0859A 3% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2037** - SSGAII 16% D1320A 16% FXAIX 24% HAITX 18% CSMUX 10% FSMDX 7% D0859A 3% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2038** - SSGAII 16% D1320A 16% FXAIX 24% HAITX 18% CSMUX 10% FSMDX 7% D0859A 3% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2039** - SSGAII 16% D1320A 16% FXAIX 24% HAITX 19% CSMUX 9% FSMDX 7% D0859A 3% FSSNX 3% JSERX 3%

**Advisor GoalMaker AGGRESSIVE 2040** - SSGAII 16% D1320A 16% FXAIX 25% HAITX 19% CSMUX 10% FSMDX 7% FSSNX 4% JSERX 3%

**Advisor GoalMaker CONS 2005** - SSGAII 6% D1320A 6% FXAIX 10% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 35% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker CONS 2006** - SSGAII 6% D1320A 6% FXAIX 10% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 35% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker CONS 2007** - SSGAII 6% D1320A 6% FXAIX 10% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 35% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker CONS 2008** - SSGAII 6% D1320A 6% FXAIX 10% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 35% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker CONS 2009** - SSGAII 6% D1320A 6% FXAIX 10% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 35% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker CONS 2010** - SSGAII 6% D1320A 7% FXAIX 10% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 34% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker CONS 2011** - SSGAII 6% D1320A 7% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 34% FSSNX 2% JSERX 1% D2101A 17%

**Advisor GoalMaker CONS 2012** - SSGAII 7% D1320A 8% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 33% FSSNX 2% JSERX 1% D2101A 16%

**Advisor GoalMaker CONS 2013** - SSGAII 7% D1320A 8% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 33% FSSNX 2% JSERX 1% D2101A 16%



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**Advisor GoalMaker CONS 2014** - SSGAII 7% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 4% FSMDX 3% PIMIX 7% D0859A 33% FSSNX 2% JSERX 1% D2101A 15%

**Advisor GoalMaker CONS 2015** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 31% FSSNX 2% JSERX 1% D2101A 15%

**Advisor GoalMaker CONS 2016** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 31% FSSNX 2% JSERX 1% D2101A 15%

**Advisor GoalMaker CONS 2017** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 29% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker CONS 2018** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 29% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker CONS 2019** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 29% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker CONS 2020** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 29% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker CONS 2021** - SSGAII 8% D1320A 8% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 28% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker CONS 2022** - SSGAII 8% D1320A 8% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 7% D0859A 28% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker CONS 2023** - SSGAII 8% D1320A 9% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 4% PIMIX 7% D0859A 26% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker CONS 2024** - SSGAII 10% D1320A 10% FXAIX 14% HAITX 11% CSMUX 5% FSMDX 4% PIMIX 9% D0859A 33% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2025** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 11% CSMUX 6% FSMDX 4% PIMIX 8% D0859A 32% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2026** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 12% CSMUX 6% FSMDX 4% PIMIX 8% D0859A 31% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2027** - SSGAII 10% D1320A 11% FXAIX 15% HAITX 12% CSMUX 6% FSMDX 4% PIMIX 8% D0859A 30% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2028** - SSGAII 10% D1320A 11% FXAIX 16% HAITX 12% CSMUX 6% FSMDX 5% PIMIX 6% D0859A 30% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2029** - SSGAII 10% D1320A 11% FXAIX 16% HAITX 13% CSMUX 7% FSMDX 5% PIMIX 5% D0859A 29% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2030** - SSGAII 10% D1320A 11% FXAIX 17% HAITX 13% CSMUX 7% FSMDX 5% PIMIX 5% D0859A 28% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2031** - SSGAII 12% D1320A 12% FXAIX 18% HAITX 13% CSMUX 6% FSMDX 5% PIMIX 5% D0859A 25% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2032** - SSGAII 12% D1320A 12% FXAIX 18% HAITX 13% CSMUX 6% FSMDX 5% PIMIX 5% D0859A 25% FSSNX 2% JSERX 2%

**Advisor GoalMaker CONS 2033** - SSGAII 12% D1320A 12% FXAIX 18% HAITX 14% CSMUX 7% FSMDX 5% PIMIX 5% D0859A 22% FSSNX 3% JSERX 2%

**Advisor GoalMaker CONS 2034** - SSGAII 12% D1320A 13% FXAIX 18% HAITX 14% CSMUX 8% FSMDX 5% PIMIX 5% D0859A 20% FSSNX 3% JSERX 2%

**Advisor GoalMaker CONS 2035** - SSGAII 12% D1320A 13% FXAIX 19% HAITX 15% CSMUX 7% FSMDX 5% PIMIX 4% D0859A 20% FSSNX 3% JSERX 2%

**Advisor GoalMaker CONS 2036** - SSGAII 12% D1320A 13% FXAIX 20% HAITX 15% CSMUX 8% FSMDX 6% PIMIX 4% D0859A 17% FSSNX 3% JSERX 2%

**Advisor GoalMaker CONS 2037** - SSGAII 12% D1320A 13% FXAIX 20% HAITX 15% CSMUX 8% FSMDX 6% PIMIX 4% D0859A 17% FSSNX 3% JSERX 2%

**Advisor GoalMaker CONS 2038** - SSGAII 14% D1320A 14% FXAIX 20% HAITX 16% CSMUX 8% FSMDX 6% PIMIX 3% D0859A 14% FSSNX 3% JSERX 2%

**Advisor GoalMaker CONS 2039** - SSGAII 14% D1320A 14% FXAIX 20% HAITX 16% CSMUX 8% FSMDX 6% PIMIX 3% D0859A 14% FSSNX 3% JSERX 2%

Last Name

First Name

M.I.

Social Security Number

Number

**Advisor GoalMaker CONS 2040** - SSGAII 14% D1320A 14% FXAIX 21% HAITX 16% CSMUX 9% FSMDX 6% PIMIX 3% D0859A 12% FSSNX 3% JSERX 2%

**Advisor GoalMaker MODERATE 2005** - D1320A 8% FXAIX 11% SSGAII 6% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 2% PIMIX 6% D0859A 34% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker MODERATE 2006** - SSGAII 6% D1320A 8% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 2% PIMIX 6% D0859A 34% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker MODERATE 2007** - SSGAII 6% D1320A 8% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 2% PIMIX 6% D0859A 34% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker MODERATE 2008** - SSGAII 6% D1320A 8% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 2% PIMIX 6% D0859A 34% FSSNX 2% JSERX 1% D2101A 18%

**Advisor GoalMaker MODERATE 2009** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 4% CSMUX 4% FSMDX 2% PIMIX 6% D0859A 33% FSSNX 2% JSERX 1% D2101A 17%

**Advisor GoalMaker MODERATE 2010** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 4% FSMDX 3% PIMIX 6% D0859A 32% FSSNX 2% JSERX 1% D2101A 16%

**Advisor GoalMaker MODERATE 2011** - SSGAII 8% D1320A 8% FXAIX 11% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 6% D0859A 31% FSSNX 2% JSERX 1% D2101A 16%

**Advisor GoalMaker MODERATE 2012** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 6% D0859A 30% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker MODERATE 2013** - SSGAII 8% D1320A 8% FXAIX 12% HAITX 4% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 6% D0859A 30% FSSNX 2% JSERX 2% D2101A 15%

**Advisor GoalMaker MODERATE 2014** - SSGAII 8% D1320A 8% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 6% D0859A 29% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker MODERATE 2015** - SSGAII 8% D1320A 8% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 3% PIMIX 6% D0859A 29% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker MODERATE 2016** - SSGAII 8% D1320A 8% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 4% PIMIX 6% D0859A 28% FSSNX 2% JSERX 2% D2101A 14%

**Advisor GoalMaker MODERATE 2017** - SSGAII 8% D1320A 9% FXAIX 13% HAITX 5% OIEJX 5% CSMUX 5% FSMDX 4% PIMIX 6% D0859A 28% FSSNX 2% JSERX 2% D2101A 13%

**Advisor GoalMaker MODERATE 2018** - SSGAII 8% D1320A 9% FXAIX 13% HAITX 5% OIEJX 6% CSMUX 6% FSMDX 4% PIMIX 6% D0859A 27% FSSNX 2% JSERX 2% D2101A 12%

**Advisor GoalMaker MODERATE 2019** - SSGAII 10% D1320A 10% FXAIX 13% HAITX 5% OIEJX 6% CSMUX 6% FSMDX 4% PIMIX 6% D0859A 24% FSSNX 2% JSERX 2% D2101A 12%

**Advisor GoalMaker MODERATE 2020** - SSGAII 10% D1320A 10% FXAIX 14% HAITX 5% OIEJX 6% CSMUX 6% FSMDX 4% PIMIX 6% D0859A 24% FSSNX 2% JSERX 2% D2101A 11%

**Advisor GoalMaker MODERATE 2021** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 5% OIEJX 6% CSMUX 6% FSMDX 4% PIMIX 6% D0859A 24% FSSNX 2% JSERX 2% D2101A 10%

**Advisor GoalMaker MODERATE 2022** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 5% OIEJX 6% CSMUX 6% FSMDX 4% PIMIX 6% D0859A 24% FSSNX 2% JSERX 2% D2101A 10%

**Advisor GoalMaker MODERATE 2023** - SSGAII 10% D1320A 10% FXAIX 15% HAITX 6% OIEJX 6% CSMUX 6% FSMDX 5% PIMIX 6% D0859A 22% FSSNX 2% JSERX 2% D2101A 10%

**Advisor GoalMaker MODERATE 2024** - SSGAII 10% D1320A 11% FXAIX 16% HAITX 13% CSMUX 7% FSMDX 5% PIMIX 6% D0859A 28% FSSNX 2% JSERX 2%

**Advisor GoalMaker MODERATE 2025** - SSGAII 10% D1320A 11% FXAIX 17% HAITX 13% CSMUX 7% FSMDX 5% PIMIX 6% D0859A 27% FSSNX 2% JSERX 2%

**Advisor GoalMaker MODERATE 2026** - SSGAII 12% D1320A 11% FXAIX 18% HAITX 13% CSMUX 7% FSMDX 5% PIMIX 6% D0859A 23% FSSNX 3% JSERX 2%

**Advisor GoalMaker MODERATE 2027** - SSGAII 12% D1320A 11% FXAIX 18% HAITX 13% CSMUX 7% FSMDX 5% PIMIX 6% D0859A 23% FSSNX 3% JSERX 2%

**Advisor GoalMaker MODERATE 2028** - SSGAII 12% D1320A 11% FXAIX 18% HAITX 14% CSMUX 7% FSMDX 5% PIMIX 6% D0859A 22% FSSNX 3% JSERX 2%

**Advisor GoalMaker MODERATE 2029** - SSGAII 12% D1320A 12% FXAIX 18% HAITX 14% CSMUX 7% FSMDX 5% PIMIX 5% D0859A 22% FSSNX 3% JSERX 2%

Last Name

First Name

M.I.

Social Security Number

Number

**Advisor GoalMaker MODERATE 2030** - SSGAII 12% D1320A 13% FXAIX 19% HAITX 14% CSMUX 8% FSMDX 5% PIMIX 5% D0859A 18% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2031** - SSGAII 12% D1320A 12% FXAIX 20% HAITX 15% CSMUX 8% FSMDX 6% PIMIX 5% D0859A 16% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2032** - SSGAII 12% D1320A 12% FXAIX 20% HAITX 15% CSMUX 8% FSMDX 6% PIMIX 5% D0859A 16% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2033** - SSGAII 14% D1320A 13% FXAIX 20% HAITX 15% CSMUX 8% FSMDX 6% PIMIX 5% D0859A 13% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2034** - SSGAII 14% D1320A 14% FXAIX 20% HAITX 16% CSMUX 7% FSMDX 6% PIMIX 5% D0859A 13% FSSNX 3% JSERX 2%

**Advisor GoalMaker MODERATE 2035** - SSGAII 14% D1320A 14% FXAIX 21% HAITX 16% CSMUX 9% FSMDX 6% PIMIX 4% D0859A 10% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2036** - SSGAII 14% D1320A 15% FXAIX 21% HAITX 17% CSMUX 9% FSMDX 6% PIMIX 4% D0859A 8% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2037** - SSGAII 14% D1320A 15% FXAIX 22% HAITX 17% CSMUX 8% FSMDX 6% PIMIX 4% D0859A 8% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2038** - SSGAII 14% D1320A 15% FXAIX 22% HAITX 17% CSMUX 8% FSMDX 6% PIMIX 4% D0859A 8% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2039** - SSGAII 15% D1320A 15% FXAIX 22% HAITX 17% CSMUX 9% FSMDX 7% PIMIX 3% D0859A 6% FSSNX 3% JSERX 3%

**Advisor GoalMaker MODERATE 2040** - SSGAII 15% D1320A 15% FXAIX 22% HAITX 17% CSMUX 9% FSMDX 7% PIMIX 3% D0859A 6% FSSNX 3% JSERX 3%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

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

Participant Signature

Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

525127-01  
\_\_\_\_\_  
Number

Authorized Plan Administrator Approval

\_\_\_\_\_  
Authorized Plan Administrator Signature

\_\_\_\_\_  
Date

*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

**Return form to Alameda County.**

**By regular/express mail:**                      **OR**  
The County of Alameda  
Treasurer's Office, Attn: DC Admin  
1221 Oak Street, 1st Floor, Room 131  
Oakland, CA 94612

**By interoffice mail:**  
QIC 20114  
Attn: DC Admin

**OR**      **By fax to:**  
1-510-272-6826

**After all signatures have been obtained, this form can be:**

**Uploaded electronically to:**                      **OR**  
Login to account at  
**alamedacountydcp.com**  
Click on *Upload Documents* to submit

**Sent regular mail to:**  
Empower  
PO Box 56025  
Boston, MA 02205-6025

**OR**      **Sent express mail to:**  
Empower  
8515 E. Orchard Road  
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.





# Beneficiary Designation Governmental 457(b) Plan

## ALAMEDA COUNTY 457(B) DEFERRED COMPENSATION PLAN

525127-01

### For My Information

- For questions regarding this form, visit the website at [alamedacountydcp.com](http://alamedacountydcp.com) or contact Service Provider at 1-855-WOW-457B.
- 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

--	--	--	--	--	--	--	--	--	--

Social Security 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.)

☐ Married

☐ Unmarried

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

#### Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- 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.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

/ /

% of Account Balance

Primary Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

Street Address

City

State

Zip Code

( )

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other  
☐ Domestic Partner

%

/ /

% of Account Balance

Primary Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

Street Address

City

State

Zip Code

( )

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other  
☐ Domestic Partner

%

/ /

% of Account Balance

Primary Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

Street Address

City

State

Zip Code

( )

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other  
☐ Domestic Partner

#### Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%

/ /

% of Account Balance

Contingent Beneficiary Name  
(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer  
Identification Number

Date of Birth  
or Trust Date

Street Address

City

State

Zip Code

( )

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other  
☐ Domestic Partner

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>												
<b>Contingent Beneficiary Designation</b> <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>													
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">%</td> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">/</td> <td style="width: 20%; text-align: center;">/</td> </tr> <tr> <td>% of Account Balance</td> <td>Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i></td> <td>Social Security or Taxpayer Identification Number</td> <td>Date of Birth or Trust Date</td> </tr> </table>		%		/	/	% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
%		/	/										
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Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>												
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner												

  

<b>C</b>	<b>Signatures and Consent</b> <i>(Signatures must be on the lines provided.)</i>
<b>Participant Consent for Beneficiary Designation</b> <i>(Please sign on the 'Participant Signature' line below.)</i>	
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>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 Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>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. <b>Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</b></p> <p>Important Notice: 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 for Beneficiary Designation section of this form.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p><b>Participant Signature</b> _____ <b>Date (Required)</b> _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>	

Last Name

First Name

M.I.

Social Security Number

525127-01

Number

**C Signatures and Consent** *(Signatures must be on the lines provided.)***Spousal Consent for Beneficiary Designation** *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

**Spouse to complete:** 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 my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

**Spouse's 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.**

*The spouse's signature must be notarized by a Notary Public or witnessed by the participant's Plan Administrator. If a Notary Public is used, the date of the spouse's signature on this form on the Spouse's signature line above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. Consent must be obtained no more than 180 days prior to the effective date of the original request in order to be effective. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.*

**ATTENTION Notary Public:** Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

**We require that the following information must be included on the separate jurat or notarial certificate:** (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

**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/Parish/Borough

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's signature \_\_\_\_\_ 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.**

Notary Public's full name \_\_\_\_\_ Telephone number \_\_\_\_\_

**Plan Administrator Witnessing Spousal Consent** *(Please sign on the 'Plan Administrator Signature' line below.)*

If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.

**Plan Administrator 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.**

**Print Full Name** \_\_\_\_\_

<b>D</b>	<b>Delivery Instructions</b>  <b>After all signatures have been obtained, this form can be</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>Uploaded Electronically:</b>  Login to account at  <b>alamedacountydcp.com</b>  Click on Upload Documents to submit </td> <td style="width: 10%; text-align: center; vertical-align: top;"><b>OR</b></td> <td style="width: 33%; vertical-align: top;"> <b>Sent Regular Mail to:</b>  Empower  PO Box 56025  Boston, MA 02205-6025 </td> <td style="width: 10%; text-align: center; vertical-align: top;"><b>OR</b></td> <td style="width: 33%; vertical-align: top;"> <b>Sent Express Mail to:</b>  Empower  8515 E. Orchard Road  Greenwood Village, CO 80111 </td> </tr> </table> <p style="margin-top: 5px;">We will not accept hand delivered forms at Express Mail addresses.</p>	<b>Uploaded Electronically:</b> Login to account at <b>alamedacountydcp.com</b> Click on Upload Documents to submit	<b>OR</b>	<b>Sent Regular Mail to:</b> Empower PO Box 56025 Boston, MA 02205-6025	<b>OR</b>	<b>Sent Express Mail to:</b> Empower 8515 E. Orchard Road Greenwood Village, CO 80111
<b>Uploaded Electronically:</b> Login to account at <b>alamedacountydcp.com</b> Click on Upload Documents to submit	<b>OR</b>	<b>Sent Regular Mail to:</b> Empower PO Box 56025 Boston, MA 02205-6025	<b>OR</b>	<b>Sent Express Mail to:</b> Empower 8515 E. Orchard Road Greenwood Village, CO 80111		

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.



**This page is for informational purposes only - Do not return with the Beneficiary Designation form**  
**EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 1: Multiple Individuals as Beneficiaries**

<b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>			
33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Example 2: Trust as Beneficiary**

<b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>			
100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

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**EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 3: Estate as Beneficiary**

<b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>			
100 %	Estate of Anne Doe	/ /	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Example 4: Charity as Beneficiary**

<b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>			
100 %	ABC Charity	/ /	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
75 South Place	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		