

WoodmenLife 401(k) Plan

194505-01

For My Information

- For questions regarding this form, visit the website at www.empower-retirement.com/participant or contact Service Center at 1-888-411-4015.
- 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 _____

Email Address _____

Daytime Phone Number _____

Married Unmarried

Alternate Phone Number _____

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

Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)

- 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 <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address () | | City | State | Zip Code |
| Phone Number (Optional) | | | | |

| | | | | |
|-------------------------|---|--------------|--|--------------------------------|
| % | | | | / / |
| % of Account Balance | Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address () | | City | State | Zip Code |
| Phone Number (Optional) | | | | |

| | | | | |
|-------------------------|---|--------------|--|--------------------------------|
| % | | | | / / |
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| Street Address () | | City | State | Zip Code |
| Phone Number (Optional) | | | | |

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)

| | | | | |
|-------------------------|--|--------------|--|--------------------------------|
| % | | | | / / |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address () | | City | State | Zip Code |
| Phone Number (Optional) | | | | |

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|--------------|---|-----------------------------|--|-----|----------------------|--|--------------|---|-----------------------------|---------------------------|--|------|-------|----------|--------------------------------|--|--|--|--|---|--|--|--|-----|----------------------|--|--------------|---|-----------------------------|---------------------------|--|------|-------|----------|--------------------------------|--|--|--|--|
| B | <p>Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i></p> <hr/> <p>Contingent Beneficiary Designation <i>(Contingent beneficiary designations must total 100% in whole percentages.)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">%</td> <td style="width: 35%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></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>Relationship</td> <td>Social Security or Taxpayer Identification Number</td> <td>Date of Birth or Trust Date</td> </tr> <tr> <td colspan="2">Street Address (_____)</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="5">Phone Number <i>(Optional)</i></td> </tr> <tr> <td style="text-align: center;">%</td> <td></td> <td></td> <td></td> <td style="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>Relationship</td> <td>Social Security or Taxpayer Identification Number</td> <td>Date of Birth or Trust Date</td> </tr> <tr> <td colspan="2">Street Address (_____)</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="5">Phone Number <i>(Optional)</i></td> </tr> </table> | % | | | | / / | % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | Street Address (_____) | | City | State | Zip Code | Phone Number <i>(Optional)</i> | | | | | % | | | | / / | % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | Street Address (_____) | | City | State | Zip Code | Phone Number <i>(Optional)</i> | | | | |
| % | | | | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (_____) | | City | State | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number <i>(Optional)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % | | | | / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (_____) | | City | State | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number <i>(Optional)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | <p>Signatures and Consent <i>(Signatures must be on the lines provided.)</i></p> <hr/> <p>Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i></p> <p>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, 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 Center. 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. Primary and contingent beneficiaries must separately total 100% in whole percentages.</p> <p>I understand that the Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Center 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 website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.</p> <p>Important Notice: In accordance with ERISA and/or Plan Document, 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>Participant Signature _____ Date (Required) _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Last Name

First Name

M.I.

Social Security 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.)*

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)** _____

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, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

My signature must be notarized by a Notary Public or witnessed by my spouse's Plan Administrator. The date I sign this form must match the date on which my signature is notarized or witnessed.

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 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 _____ My commission expires ____ / ____ / ____

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)** _____

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
Empower Retirement
1-866-745-5766

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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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 Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | |
| <ul style="list-style-type: none"> 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. | | | | |
| 33 % | John M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | 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 | | | | |
| Phone Number <i>(Optional)</i> | | | | |
| 33 % | Don M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | 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 | | | | |
| Phone Number <i>(Optional)</i> | | | | |
| 34 % | Michelle L. Doe | Sister | XXX-XX-XXXX | 01/06/1957 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | 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 | | | | |
| Phone Number <i>(Optional)</i> | | | | |

Example 2: Trust as Beneficiary

| | | | | |
|--|--|--------------|---|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | |
| <ul style="list-style-type: none"> 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. | | | | |
| 100 % | Trust of Jane Doe | Trust | XX-XXXXXXXX | 06/30/2015 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | 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 | | | | |
| Phone Number <i>(Optional)</i> | | | | |

Example 3: Estate as Beneficiary

| | | | | |
|--|--|--------------|---|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | |
| <ul style="list-style-type: none"> 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. | | | | |
| 100 % | Estate of Anne Doe | Estate | / / | / / |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | 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 | | | | |
| Phone Number <i>(Optional)</i> | | | | |

Example 4: Charity as Beneficiary

| | | | | |
|--|--|--------------|--|--------------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | |
| <ul style="list-style-type: none"> 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. | | | | |
| 100 | ABC Charity | Charity | XX-XXXXXXX | / / |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | 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 | | | | |
| Phone Number <i>(Optional)</i> | | | | |