



	te of Alaska Teachers' Retirement	System Tier I	II Defined C	ontribution Plar	1	98214-05
-or	My Information					
	For questions regarding this form, visit the webs		.com or contac	Service Provider at	1-800-232-0859.	
• (	Jse black or blue ink when completing this form	1.				
4	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 Exten	sion	Social Security Numb	eer (Must provide all 9 dig	nits)
	Last Name		First Name	M.I.	Date of Birth	I
	Email Address				Daytime Phone N	umher
					( )	umber
	☐ Married ☐ Unmarried				Alternate Phone N	lumber
B	Beneficiary Designation (Attach an additi	onal sheet to name	e additional ben	eficiaries.)		
	Primary Beneficiary Designation (Prima				e can be made out to two	n decimal places )
	Timary Bonomolary Boolghadon (77mm)	ary beneficiary dec	signations must	ectar 10070 - percentage	cur be made out to two	o decimal places.
	<ul> <li>If I am married, my Plan requires my spot consent to my beneficiary designation.</li> <li>See the attached examples on how to con or estate.</li> </ul>			•	·	• •
	% of Account Balance Primary Beneficiary	/ Name	Relationship	Social Secu	rity or Taxpayer	Date of Birth
	(Name of Individual, 7		Relationship	Identification		or Trust Date
	Street Address	City		Sta	te	Zip Code
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	%					1 1
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	Contingent Beneficiary Designation (C	Contingent benefic	iary designation	s must total 100% - per	centage can be made o	ut to two decimal places.)
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	% of Account Balance Contingent Benefic	iarv Name	Relationship	Social Secu	rity or Taxpayer	Date of Birth
	(Name of Individual, T	•		Identification		or Trust Date
	Street Address	City		Sta	te	Zip Code
	( ) Phone Number (Optional)					

			_	98214-05				
Last Name	First Name	M.I.	Social Security Number	Number				
Beneficiary Design	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
Contingent Benefic	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.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
Street Address	City		State	Zip Code				
Phone Number (Option	al)							
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security or Taxpayer	/ / Date of Birth				
	(Name of Individual, Trust, Charity, etc.)		Identification Number	or Trust Date				
Street Address	City		State	Zip Code				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Phone Number (Option	al)							
1	al) <b>nsent</b> (Signatures must be on the lines provi	ided.)						
Signatures and Co	·	•	ipant Signature' line below.)					
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Last Name		First Name	M.I.	Social Seci	urity Number	98214-05 Number			
Signatures and Conse	Signatures and Consent (Signatures must be on the lines provided.)								
Spousal Consent for B	Spousal Consent for Beneficiary Designation (If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)								
100% of his or her vested	account	balance under the Plan and	that my spouse	's election is not	valid unless I conse	ly consent to the participant's on means that I will not receive ent to it. I understand that my of his or her vested accoun			
Spouse's Signature	Spouse's Signature			Date (Required)					
	A handwritten signature is required on this form. An electroni				•	•			
For Residents of all state	s (excei	ot California), please have	vour notary com	lete the section	below				
Notice to California Nota notary form: the title of the	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, my name and my 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 in the 'My Consent section must match the date on which my signature is notarized or witnessed in this section.								
This form may also be sign	This form may also be signed in front of a Postmaster or Division of Retirement and Benefits Representative.								
Statement of Notary		NOTE: Notary seal must b	e visible.						
		The consent to this request was subscribed and sworn (or affirmed)							
State of	)	to before me on this	day of	, year	, by	SEAL			
Judicial	)ss.	(name of spouse)				<b>5</b> _7			
District or County of	)		asis of satisfactory evidence to be the person me, who affirmed that such consent represents tary act.						
Notary Public					My commission	n evnires / /			
		red on this form. An electr			•	·			
Authorized Plan Admir	Authorized Plan Administrator Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.)								
I accept the information pro	I accept the information provided by the participant on this form.								
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.									
Authorized Plan Administrator	Signat	ure		Date (Required)					
A handwritten signature	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									
) Mailing Instructions									
After all signatures have	After all signatures have been obtained, this form can be sent by								
Fax to:	OR	Regular Mail to:	•	OR	Express Mail to				
Empower Retirement 1-303-801-5800		Empower Retiremer PO Box 173764 Denver, CO 80217-3			Empower Retire 8515 E. Orchard Greenwood Villa	d Road			

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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

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.)						
consent to my benefic	an requires my spouse to be named as iary designation. nples on how to complete the below ber			• •		
33.33 %	John M. Doe B	Brother	XXX-XX-XXXX	01/06/1954		
% of Account Balance		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 (Optional)						
33.33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954		
% of Account Balance	Primary Beneficiary R (Name of Individual, Trust, Charity, etc.)	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 (Optional)						
33.34 %	Michelle L. Doe S	Sister	XXX-XX-XXXX	01/06/1957		
% of Account Balance		elationship	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 (Optional)  nple 2: Trust as Ber						
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati	On (Attach an additional sheet to name a	_		out to two decimal places )		
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Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary I  If I am married, my Pl consent to my benefic See the attached exar or estate.  100 %  Mof Account Balance  150 Main Street Street Address (XXX) XXX-XXXX Phone Number (Optional) nple 3: Estate as Ber Beneficiary Designati Primary Beneficiary I  If I am married, my Pl consent to my benefic See the attached exar or estate.  100 %  Mof Account Balance  45 East Road Street Address	On (Attach an additional sheet to name a Designation (Primary beneficiary designation) and requires my spouse to be named as iary designation. Imples on how to complete the below bear and the primary Beneficiary (Name of Individual, Trust, Charity, etc.)  Anytown City  Peneficiary On (Attach an additional sheet to name a designation (Primary beneficiary designation designation). Imples on how to complete the below bear and the primary Beneficiary (Name of Individual, Trust, Charity, etc.)  Estate of Anne Doe  Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	primary beneficiary designations must a primary beneficiary designations must be primary beneficiary designations.	cotal 100% - percentage can be made eficiary for at least 50% of my accordinations if the beneficiary is a non-XX-XXXXXX  Social Security or Taxpayer Identification Number  MO  State  Stotal 100% - percentage can be made eficiary for at least 50% of my accordinations if the beneficiary is a non-Social Security or Taxpayer Identification Number	ount balance, or my spouse moderate individual, such as a trust, characteristic of the control o		
Phone Number (Optional)  nple 2: Trust as Ber Beneficiary Designati  If I am married, my Pl consent to my benefic See the attached exar or estate.  100 %  % of Account Balance  150 Main Street Street Address (XXX) XXX-XXXX  Phone Number (Optional)  nple 3: Estate as Ber Beneficiary Designati  Primary Beneficiary I  If I am married, my Pl consent to my benefic See the attached exar or estate.  100 %  % of Account Balance  45 East Road	On (Attach an additional sheet to name a Designation (Primary beneficiary designation) and requires my spouse to be named as iary designation. Imples on how to complete the below bereficiary of Jane Doe  Primary Beneficiary (Name of Individual, Trust, Charity, etc.)  Anytown City  Peneficiary  On (Attach an additional sheet to name a Designation (Primary beneficiary designation) and requires my spouse to be named as iary designation. Imples on how to complete the below bereficiary designation (Primary Beneficiary (Name of Individual, Trust, Charity, etc.)  Anytown	primary beneficiary designations must a primary beneficiary designations must be primary beneficiary designations.	cotal 100% - percentage can be made efficiary for at least 50% of my accompanions if the beneficiary is a non-XX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ount balance, or my spouse moderate individual, such as a trust, characteristic of the control o		

## **Example 4: Charity as Beneficiary**

	Admiple 4. Chanty as beneficiary								
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.)								
<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for at least 50% of my account balance, or my 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 or estate.</li> </ul>									
	100 %	ABC Charity	Charity	XX-XXXXXX	/ /				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity,	Relationship etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	75 South Place	Anyt	town	CO	80000				
	Street Address City			State	Zip Code				
	(XXX) XXX-XXXX Phone Number (Optional)								