PERSI Choice 401(k) Plan

Paycheck Contribution Election 401(k) Plan

PERSI Choice 401(k) Plan **95270-01**

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at www.mypersi401k.com or contact Service Provider at 1-866-437-3774.

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.

___ ___ ___ - ___ ___ - ___ ___ ___ ___

Social Security Number *(Must provide all 9 digits)*

Last Name _____ First Name _____ M.I. ____

( ) _____

Daytime Phone Number

Employer/Payroll Center _____

B Payroll Election(s)

Paycheck Contribution Election *(Payroll Deductions)*

Select One: ☐ Start ☐ Restart ☐ Change ☐ Stop

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below *(per pay period)*:

❑ Before-Tax Contributions $_____ or _____% ($1.00 - $26,000.00 or 1% - 100%)

NOTE: Fixed $ amount requires employer approval.

Effective Pay Date: _____

As of January 1, 2020, the annual contribution limit for 401(k) Plans is $19,500.00 ($26,000.00 if you are at least 50 years of age in 2020). If you contribute to both a 457 and 401(k) plan, you may contribute up to $19,500.00 ($26,000.00 if age 50) into each plan, for a total of $39,000.00 ($52,000.00 if age 50). If you contribute to both a 403(b) and a 401(k) plan, the combined annual contribution limit is $19,500.00 ($26,000.00 if age 50).

C Participant Consent *(Please sign on the 'Participant Signature' line below.)*

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:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified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.
- 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 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)*** _____

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

D Mailing Instructions

Participant forward this form to Employer and do not send to PERSI

Employer DO NOT send this form to the Service Provider. Please retain for your records.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.