

Use black or blue ink when completing this form. For questions regarding this form, visit the website at [empowermyretirement.com](http://empowermyretirement.com) or contact Service Provider at 1-866-467-7756.

**Cooperative Baptist Fellowship 403(b)(9) Plan**

**93408-01**

**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 \_\_\_\_\_

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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 plan with a previous employer or an IRA.  Yes or  No

**B 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:  Married  Unmarried  Female  Male

**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 \_\_\_\_\_

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

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

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

Number \_\_\_\_\_

**C 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 request was subscribed and sworn *(or affirmed)* to before me

State of \_\_\_\_\_) on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_

**SEAL**)ss. *(name of participant)* \_\_\_\_\_

County of \_\_\_\_\_) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

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 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** \_\_\_\_\_**D Delivery Instructions****After all signatures have been obtained, this form can be****Uploaded Electronically:**

Login to account at

**empowermyretirement.com**

Click on Upload Documents to submit

**OR****Faxed to:**

Empower Retirement

**1-866-745-5766****OR****Sent Regular Mail to:**

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

**OR****Sent Express Mail to:**

Empower Retirement

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

**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.