

Use black or blue ink when completing this form. For questions regarding this form, visit the website at 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 account with a previous employer or an IRA. Yes or No

I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # _____ - _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to my Plan's provisions.

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 Gender: Female Male Nonbinary Unspecified

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

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|---|-----------|--|-----------|--|
| Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit | 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.

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