

## Personal Information Change Request 401(k) Plan

Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, visit the Web site at [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant) or contact Service Provider at 1-800-338-4015.

<b>Sygnetics, Inc. Retirement Plan</b>	<b>938410-01</b>
<b>A Participant Information</b> <i>(Provide Name, Social Security Number and Date of Birth as it currently appears on the account)</i>	
<p><i>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</i></p> <p style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="font-size: 1.2em;">-</span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="font-size: 1.2em;">-</span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> </p> <p style="text-align: center;">             Account Extension                      Social Security Number <i>(Must provide all 9 digits)</i> </p>	
<p>Last Name _____ First Name _____ M.I. _____ Date of Birth _____ / ____ / ____</p> <p>I have a retirement savings account with a previous employer or an IRA.   <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>I would like help consolidating my other retirement accounts into my account with Empower Retirement.* <input type="checkbox"/> 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 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to my Plan's provisions.</p>	
<b>B Name Change</b> <i>(Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order)</i>	
<p>_____</p> <p>Last Name _____ First Name _____ M.I. _____</p>	
<b>Address and/or Contact Information Change</b>	
<p>Street Address _____ City/State/Zip Code _____</p> <p>( ) ( ) _____</p> <p>Daytime Phone Number _____ Alternate Phone Number _____ Email Address _____</p>	
<b>Personal Information Change</b>	
<p>Date of Birth _____ / ____ / ____ <i>(Attach a copy of Birth Certificate)</i></p> <p>Change of Status:   <input type="checkbox"/> Married   <input type="checkbox"/> Unmarried                      <input type="checkbox"/> Female   <input type="checkbox"/> Male</p>	
<b>Social Security Number Change</b> <i>(If I am still employed, I must obtain approval from my Employer)</i>	
<p>Social Security Number _____ <i>(Attach a signed copy of Social Security Card)</i></p>	
<b>C Signatures and Consent</b> <i>(Signatures must be on the lines provided.)</i>	
<b>Participant Consent</b> <i>(Please sign on the 'Participant Signature' line below.)</i>	
<p>I affirm that the information I have provided on this form is true and correct.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p>	
<p><b>Participant Signature</b> _____ <b>Date (Required)</b> _____</p>	
<b>Authorized Plan Administrator Signature</b> <i>(Required for Social Security Number changes only)</i>	
<p><i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i></p> <p>I certify and accept that the information provided by the participant on this form is correct.</p>	
<p><b>Authorized Plan Administrator Signature</b> _____ <b>Date (Required)</b> _____</p>	

Last Name

First Name

M.I.

Social Security Number

Number

<b>D</b>	<b>Mailing Instructions</b>		
<b>After all signatures have been obtained, this form can be sent by</b>			
<b>Fax to:</b> 1-866-633-5212	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764	<b>OR</b>
			<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111

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