

**BENEFICIARY DESIGNATION
457/401(a) PLAN**

COMMONWEALTH OF VIRGINIA DEFERRED COMPENSATION PLAN	98987-01	457
COMMONWEALTH OF VIRGINIA CASH MATCH PLAN	98987-02	401(a)

PARTICIPANT INFORMATION

_____ / _____ / _____ _____
 Last Name First Name MI Social Security Number

The account balance percentage can be divided up to two decimal points. (Example: 33.33%)
 Primary and contingent beneficiary(s) must separately total 100.00%.
 The number of primary or contingent beneficiaries you may name is not limited. Attach additional sheet, if necessary.
 Please read the Information section before providing your beneficiary election.

-01, Commonwealth of Virginia Deferred Compensation Plan 457

If this section is left blank or is incomplete, your previous beneficiary election remains in force. If no beneficiary designation has been made, the designation will default to the provisions of the Plan Document.

		Primary Beneficiary		
% of Account Balance	Social Security Number	Beneficiary Name	Relationship	Date of Birth
#1 _____ . _____	_____	_____	_____	_____
#2 _____ . _____	_____	_____	_____	_____
#3 _____ . _____	_____	_____	_____	_____
		Contingent Beneficiary		
% of Account Balance	Social Security Number	Beneficiary Name	Relationship	Date of Birth
#1 _____ . _____	_____	_____	_____	_____
#2 _____ . _____	_____	_____	_____	_____
#3 _____ . _____	_____	_____	_____	_____

-02, Commonwealth of Virginia Cash Match Plan 401(a)

If this section is left blank or is incomplete, your previous beneficiary election remains in force. If no beneficiary designation has been made, the designation will default to the provisions of the Plan Document. If you would like to specify the same beneficiaries as the 457 Plan, you must indicate "same as 457 Plan" below.

		Primary Beneficiary		
% of Account Balance	Social Security Number	Beneficiary Name	Relationship	Date of Birth
#1 _____ . _____	_____	_____	_____	_____
#2 _____ . _____	_____	_____	_____	_____
#3 _____ . _____	_____	_____	_____	_____
		Contingent Beneficiary		
% of Account Balance	Social Security Number	Beneficiary Name	Relationship	Date of Birth
#1 _____ . _____	_____	_____	_____	_____
#2 _____ . _____	_____	_____	_____	_____
#3 _____ . _____	_____	_____	_____	_____

REQUIRED SIGNATURE

I have read, understand and agree to all pages of this form.

Participant return to:
 BenefitsCorp, Inc./Great-West
 1108 East Main St.
 Richmond, VA 23219



_____ **PARTICIPANT SIGNATURE**

_____ **Date**

Phone#: 1-866-226-6682

INFORMATION

Unless otherwise directed on the Beneficiary Designation form, the beneficiary designation shall be deemed to be: The participant's surviving spouse, or if none, his children and descendants of his deceased children, per stirpes, or if none, his parents equally if both living, or if none the duly appointed executor or administrator of his estate, or if none, the next of kin entitled to inherit under the laws of his domicile at the time of his death, as determined by the Plan Administrator.

I understand this designation supersedes all prior designations and is effective upon its execution and delivery to **BenefitsCorp, Inc./Great – West in Greenwood Village, Colorado**. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I reserve the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me, amounts will be paid pursuant to the terms of the Plan Document. (For more information, please contact your BenefitsCorp, Inc./Great – West Representative.)

I also understand that if I designate beneficiaries to share equally, it is possible that the percentage of the account balance could differ slightly on my confirmation statement. For example: If three beneficiaries are designated to share equally or percentages are not provided, the percentage of the account balance for each beneficiary would appear on the confirmation statement as follows:

Beneficiary A	33.33%
Beneficiary B	33.33%
Beneficiary C	<u>33.34%</u>
TOTAL	100.00%