



Withholding Change Form
401(a)/457 Plan

- COERA 401(A) Plan
COERA 457 Plan

98721-01
98721-02

When would I use this form?

- When I want to change my federal tax withholding on an existing periodic payment that has been set up for 10 years or longer, or life expectancy.
When I want to add additional federal tax withholding on an existing periodic payment that has been set up for less than 10 years.
When I want to change my state tax withholding on an existing periodic payment.

Additional Information

- If applicable, I must complete a State Income Tax withholding form to make tax elections when required.
In the event my withholding election(s) below are left blank or do not comply with the applicable Federal and State regulations, Service Provider will withhold taxes from this withdrawal in accordance with applicable Federal and State regulations.

A What is my personal information?

(Continue to the next section after completing.)

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.

Account Extension

Grid for Social Security Number or Taxpayer Identification Number (9 digits)

Social Security Number or Taxpayer Identification Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

Agency

Daytime Phone Number

By providing my mobile number and/or my email address below, I am consenting to receive text messages and/or emails related to this request.

Alternate Phone Number

Mobile Phone Number

Standard data fees and text messaging rates may apply based on my carrier.

Email Address

Select One (Required):

- U.S. Citizen U.S. Resident Alien
Non-Resident Alien or Other

Country of Residence (Required - See 'My Consent' section for IRS Form W-8BEN information.)

B How will my income taxes be withheld?

Federal Income Tax Withholding - Periodic Payment Greater than 10 years (Check one)

Federal Income Tax - Elect one of the following:

- Do NOT withhold federal income tax.
Withdrawal federal income tax based on the following:
Marital Status: Single Married Married, but withhold at higher single rate

Number of allowances claimed

If you would like additional federal income tax withheld, indicate amount \$ or % of the distribution amount. (You cannot enter the amount here without entering the number (including zero) of allowance above)

Note: If you do not make an election above, federal income tax will be withheld from the taxable portion of your distribution as though you are married claiming three withholding allowances.

Federal Income Tax Withholding - Periodic Payment Less than 10 years

Federal Income Tax

- Federal Income Tax will be withheld based on the reason and type of withdrawal I have selected.
I would like additional Federal Income Tax withholding (Optional):

% or \$
(This is in addition to any mandatory Federal Income Tax withheld based on the reason and type of withdrawal I have selected.)

Last Name

First Name

M.I.

Social Security Number

98721-01/02

Plan Number

B How will my income taxes be withheld?

Colorado State Income Tax Withholding (Check one)

- Do NOT withhold Colorado state income tax.
- Withdrawal \$ _____ from my periodic payment.
- Withdrawal _____% from my periodic payment.

**Non-Colorado State Income Tax Withholding (Check one)
State Income Tax**

- State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below.
 - I would like **additional** State Income Tax withholding:

_____ % or \$ _____

(This is in addition to any mandatory State Income Tax withheld based on the reason and type of withdrawal.)
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I elect otherwise below.

If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal
 - I would also like to have **additional** State Income Tax withholding:

_____ % or \$ _____

(This is in addition to any elective State Income Tax withheld based on the reason and type of withdrawal.)
 - Do not withhold State Income Tax *(if election is permitted and I have attached the proper election form if required by my state).*
- Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected.
 - I would like State Income Tax withheld - **Optional** State Income Tax withholding:

_____ % or \$ _____

(If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding).

C Signatures and Consent *(Signatures must be on the lines provided.)* *(After receiving ALL required signatures, continue to the next section.)*

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

I acknowledge that I have read, understand and agree to all pages of this Withholding Change Form and affirm that all information that I have provided is true and correct. I understand the following:

- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- Under penalty of perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown in Section A is correct. I am a U.S. person if I marked U.S. citizen or U.S. resident alien box in Section A of this form.
- If I do not have sufficient Federal or State Income Tax withheld from my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding.
- If I am a non-resident alien, I must attach, to each withdrawal request, a current version of the IRS Form w-8BEN with an original signature and this must be sent by mail or express deliver. Service Provider cannot accept a fax of this form. The withholding rate applicable to my payment is thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields and provide a U.S. Taxpayer Identification Number on Form W8-BEN. I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> to obtain a current copy of Form W-8BEN.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

My 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 Instruction *(Continue to the next section after completing.)*

After all signatures have been obtained, this form can be sent by:

Fax to: Empower Retirement 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
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We will not accept hand-delivered forms at Express Mail addresses.

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