

**Participant Enrollment
401(k) Plan**

Goodwin College Savings & Retirement Plan

336129-01

Participant Information

Last Name	First Name	MI	Social Security Number		
Mailing Address			E-Mail Address		
City	State	Zip Code	Mo	Day	Year
()	()		Date of Birth		
Home Phone	Work Phone		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your 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 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to your Plan's provisions.

Payroll Information

I elect to contribute \$ _____ or _____ % (\$1.00 - \$18,000.00 or 1% - 100%) per pay period of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax deferrals cannot exceed 100% or \$18,000.00.

I decline to make contributions to the Plan at this time.

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Age 50 Catch-Up Election

I elect to contribute \$ _____ or _____ % per pay period of my compensation as before-tax contributions to the 401(k) Plan as additional Age 50 Catch-Up of my eligible compensation.

The total before-tax Age 50 Catch-Up amount cannot exceed \$6,000.00 of my eligible compensation in the 2017 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

See below for Participation Agreement and Required Signatures

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
*Great-West SecureFoundation Balanced Svc...	MXSHX MXSBL1	_____	Great-West S&P SmCap 600 Index Fund Inv....	MXISX MXIN6	_____
Great-West Lifetime 2015 Fund Svc.....	MXLZX MX15A1	_____	Principal MidCap A.....	PEMGX PEMGX	_____
Great-West Lifetime 2025 Fund Svc.....	MXFLX MX25A1	_____	Franklin Rising Dividends A.....	FRDPX FRDPX	_____
Great-West Lifetime 2035 Fund Svc.....	MXLLX MX35A1	_____	Franklin Growth A.....	FKGRX FKGRX	_____
Great-West Lifetime 2045 Fund Svc.....	MXRLX MX45A1	_____	Great-West S&P 500 Index Fund Inv.....	MXVIX MXIN5	_____
Great-West Lifetime 2055 Fund Svc.....	MXXLX MX55A1	_____	JPMorgan Equity Income A.....	OIEIX OIEIX	_____
American Funds New Perspective R3.....	RNPCX RNPCX	_____	BlackRock High Yield Bond Inv A.....	BHYAX BHYAX	_____
Artisan International Value Investor.....	ARTKX ARTKX	_____	Metropolitan West Total Return Bond M.....	MWTRX MWTRX	_____
Ivy Science & Technology Y.....	WSTYX WSTYX	_____	PIMCO Income A.....	PONAX PONAX	_____
MFS Utilities A.....	MMUFX MMUFX	_____	Templeton Global Total Return A.....	TGTRX TGTRX	_____
Oppenheimer Gold & Special Minerals A.....	OPGSX OPGSX	_____	Key Guaranteed Portfolio Fund.....	N/A KGPF	_____
			MUST INDICATE WHOLE PERCENTAGES =100%		

Participation Agreement

***Great-West SecureFoundation®** - I understand that a Summary Disclosure Statement is attached to this form which contains information regarding the Guaranteed Lifetime Withdrawal Benefit. Additional documentation concerning the features associated with the Guaranteed Lifetime Withdrawal Benefit is available at www.empower-retirement.com/participant. If you have any questions, please call your Service Provider at 1-866-696-8232.

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-800-338-4015 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-800-338-4015

Fax#: 1-866-633-5212

Authorized Plan Administrator/Trustee

Date

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

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.