

**Participant Enrollment
Governmental 457(b) Plan**

Boise Police Officers' Deferred Compensation Plan

98492-02

Participant Information

<p>_____</p> <p style="text-align: center;">Social Security Number</p> <hr/> <p style="text-align: center;">E-Mail Address</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Mo</td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 15%; text-align: center;">Year</td> <td style="width: 15%; text-align: center;">Mo</td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 15%; text-align: center;">Year</td> </tr> <tr> <td style="border-top: 1px solid black; border-right: 1px solid black;"></td> <td style="border-top: 1px solid black; border-right: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black; border-right: 1px solid black;"></td> <td style="border-top: 1px solid black; border-right: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Date of Birth</td> <td colspan="3" style="text-align: center;">Date of Hire</td> </tr> </table> <hr/> <p style="text-align: center;">Annual Income</p> <p><input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.</p>	Mo	Day	Year	Mo	Day	Year							Date of Birth			Date of Hire			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Last Name</td> <td style="width: 33%; text-align: center;">First Name</td> <td style="width: 33%; text-align: center;">MI</td> </tr> <tr> <td colspan="3" style="font-size: small;">(The name provided <i>MUST</i> match the name on file with Service Provider.)</td> </tr> </table> <hr/> <p style="text-align: center;">Mailing Address</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">City</td> <td style="width: 15%; text-align: center;">State</td> <td style="width: 25%; text-align: center;">Zip Code</td> </tr> <tr> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> <td></td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Home Phone</td> <td style="width: 50%; text-align: center;">Work Phone</td> </tr> </table> <hr/> <p>Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	Last Name	First Name	MI	(The name provided <i>MUST</i> match the name on file with Service Provider.)			City	State	Zip Code	()	()		Home Phone	Work Phone
Mo	Day	Year	Mo	Day	Year																												
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()	()																																
Home Phone	Work Phone																																

Payroll Information

- I elect to contribute \$ _____ or _____ % (up to \$18,500.00 or .5% - 100%) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ or _____ % (up to \$18,500.00 or .5% - 100%) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____

Mo Day Year

Payroll Center Name	Payroll Center Number
Division Name	Division Number

Managed Accounts Service Information

The Managed Accounts service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment elections and will rebalance your account periodically, as necessary. This election will be effective the day of receipt if received in good order by Service Provider prior to New York Stock Exchange market close. Any request received after New York Stock Exchange market close will be considered received the next business day. By electing the Managed Accounts service, you agree to the fees associated with this service and understand the fees will be deducted from your account in accordance with the attached Advisory Services Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

Managed Accounts service:

- By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I cancel my enrollment in the service.

-OR-

Select My Own Investment Options:

- I elect to direct my own investments.
- I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

Last Name

First Name

M.I.

Social Security Number

Number

Do not complete this section if you are electing the Managed Accounts service.

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

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.

INVESTMENT OPTION			INVESTMENT OPTION		
%	NAME	TICKER CODE	%	NAME	TICKER CODE
_____	*Great-West SecureFoundation LT 2020 Inv....	MXSMX MXS20G	_____	Principal Global Real Estate Sec Instl.....	POSIX POSIX
_____	*Great-West SecureFoundation LT 2025 Inv....	MXSNX MXS25G	_____	Victory Trivalent International Sm-Cp R6.....	MSSIX MSSIX
_____	*Great-West SecureFoundation Bal Inst.....	MXCJX MXCJX	_____	Vanguard Small Cap Index Adm.....	VSMAX VSMAX
_____	Great-West Lifetime 2015 Index Trust.....	N/A X15AZR	_____	Vanguard Mid Cap Index Admiral.....	VIMAX VIMAX
_____	Great-West Lifetime 2025 Index Trust.....	N/A X25AZR	_____	Vanguard 500 Index Admiral.....	VFIAX VFIAX
_____	Great-West Lifetime 2035 Index Trust.....	N/A X35AZR	_____	BlackRock High Yield Bond Portfolio K.....	BRHYX BRHYX
_____	Great-West Lifetime 2045 Index Trust.....	N/A X45AZR	_____	Dodge & Cox Income Fund.....	DODIX DC-INC
_____	Great-West Lifetime 2055 Index Trust.....	N/A X55AZR	_____	Vanguard Inflation-Protected Secs Adm.....	VAIPX VAIPX
_____	American Funds New World R6.....	RNWGX RNWGX	_____	Guaranteed Interest Fund.....	N/A GIFGFF
_____	MFS International Value R6.....	MINJX MINJX	= 100% MUST INDICATE WHOLE PERCENTAGES		

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 empowermyretirement.com. 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/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, 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.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts service, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts service.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee 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 an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf 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 only be processed from the date of notification forward and not on a retroactive basis.

Managed Accounts service Fee - If you elect the Managed Accounts service, a quarterly fee will be assessed. If you wish to cancel your enrollment in the future please call your Plan's Voice Response System number.

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement. 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>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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

Authorized Plan Administrator/Trustee Approval**Authorized Plan Administrator/Trustee Signature****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

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 #: 1-800-701-8255

Fax #: 1-866-745-5766

We will not accept hand delivered forms at Express Mail addresses.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.

Beneficiary Designation Governmental 457(b) Plan

Boise Police Officers' Deferred Compensation Plan

98492-02

For My Information

- For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-800-701-8255.
- Use black or blue ink when completing this form.

A Participant Information

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

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Social Security Number (Must provide all 9 digits)

Last Name <small>(The name provided MUST match the name on file with Service Provider.)</small>	First Name	M.I.	Date of Birth (/ /)
Email Address	Daytime Phone Number ()		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried			Alternate Phone Number

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%	Primary Beneficiary Name <small>(Name of Individual, Trust, Charity, etc.)</small>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date (/ /)
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

%	Primary Beneficiary Name <small>(Name of Individual, Trust, Charity, etc.)</small>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date (/ /)
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

%	Primary Beneficiary Name <small>(Name of Individual, Trust, Charity, etc.)</small>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date (/ /)
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%	Contingent Beneficiary Name <small>(Name of Individual, Trust, Charity, etc.)</small>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date (/ /)
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Contingent Beneficiary Designation <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
%		/	/
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address (_____)	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
%		/	/
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address (_____)	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

C Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>	
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>If I have elected Guaranteed Annual Withdrawals with a Joint Covered Person, my spouse must be my sole primary beneficiary.</p> <p>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 website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>	

D Delivery Instructions			
After all signatures have been obtained, this form can be			
Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit	OR Faxed to: Empower Retirement 1-866-745-5766	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.			

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.