



SEND COMPLETED FORM TO:

Fax: 1-866-745-5766
Mail: Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Cheyenne Regional Medical Center 403(b) Retirement Plan

Plan ID #95822-01

ENROLLMENT INSTRUCTIONS

I want to enroll in the Cheyenne Regional Medical Center Retirement Plan today and contribute:

Form with checkboxes for Before Tax and Roth contributions at 4%, 8%, and ___% rates.

PERSONAL INFORMATION (please print)

Social Security Number _____

Name _____

Date of Birth _____ Phone _____

Email Address _____

I understand my total contribution will be the sum of the before-tax 403(b) contribution and the Roth contribution. My total before-tax and Roth contributions cannot exceed the IRS-allowable limits or 100% of my compensation, whichever is less. Standard contribution limit in 2021: \$19,500. Limit for participants age 50 and older: \$26,000.

Investment Option: I understand that this form is my election to enroll in the plan. By completing this Quick Enrollment Form, I am not selecting investment options for my plan account and contributions would be directed to elections on file.

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.

My Account: 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 that I communicate within 90 calendar days from the last calendar quarter.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature: By signing this form, I acknowledge that I have previously received detailed information about this plan from my employer and understand that my participation in the plan must be in compliance with the Plan Document and/or governing law.

Please consider the investment objectives, risks, fees and expenses carefully before investing. For this and other important information about investments offered through your plan, you may obtain prospectuses for mutual funds, any applicable annuity contract and the annuity's underlying funds and/or disclosure documents from your registered representative or plan website.

Participant Signature

Date

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1 Asset allocation and balanced investment options and models are subject to the risks of the underlying funds, which can be a mix of stocks/stock funds and bonds/bond funds.

2 Access to the voice response system and/or any website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades/maintenance or other reasons.

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.