



SEND COMPLETED FORM TO:

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

Cheyenne Regional Medical Center 457(b) Deferred Compensation Plan

Plan ID #95822-03

ENROLLMENT INSTRUCTIONS

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

Before Tax	<input type="checkbox"/>	4%	Contribute 4% to take advantage of the full match from Cheyenne Regional Medical Center
	<input type="checkbox"/>	8%	per pay period of my eligible compensation as a before-tax contribution (up to 100%)
	<input type="checkbox"/>	___%	
Roth	<input type="checkbox"/>	4%	Contribute 4% to take advantage of the full match from Cheyenne Regional Medical Center
	<input type="checkbox"/>	8%	per pay period of my eligible compensation as a Roth contribution (up to 100%)
	<input type="checkbox"/>	___%	

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 457(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. If no investment elections are on file, my contributions will be invested in the plan's default investment fund. The plan has selected a State Street Target Date Fund portfolio of funds as its default investment fund.¹ I acknowledge that information about this and other plan investment options, including prospectuses, disclosure document and Fund Data sheets have been made available to me. I understand that I may contact the Plan Administrator for additional information or Empower Retirement ("Service Provider"). I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

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 understand I can change this default investment election at any time by logging on to my account at www.empower-retirement.com/participant or by calling the voice response system at 1-866-467-7756.² If I wish to contribute to any of the investment options of the plan other than a default fund at this time, I understand I must contact Empower Retirement to enroll. A personal identification number (PIN) that gives access to my account via the Web or phone will be mailed to me soon after my application is processed. I am responsible for keeping the assigned PIN confidential. I will contact the Service Provider if I suspect unauthorized use.

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. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify the Service Provider of an error after this 90 days, the correction will only be processed from the date of the notification forward and not on a retroactive basis. If Cheyenne Regional Medical Center has not already provided participation information about me (like my address) to Empower Retirement, I understand my enrollment through this form may be rejected.

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. I understand that the 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, the 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>.

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. Read them carefully before investing.

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. For more information, see the prospectus and/or disclosure documents.

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. Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission. AM252378-0917