

Enroll Now and Help Boost Your Retirement Savings

County Commissioners Association of Ohio 457 Deferred Compensation Plan



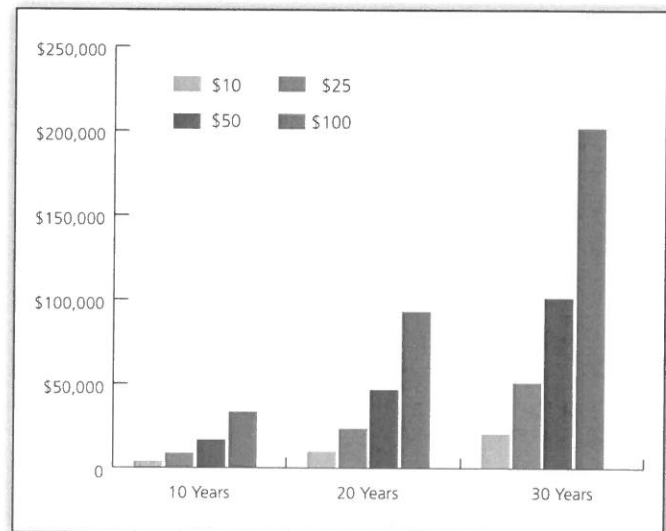
Please fax to 1-855-801-5717

Making your dreams a reality.

In retirement, maintaining your current lifestyle and being able to enjoy the extra time you'll have are important reasons to invest in your retirement savings today. Pension income may provide some of the funds for that lifestyle, but contributing as much as you can now to the CCAO Deferred Compensation Plan may help provide what you need to spend your retirement doing the things you love to do.

- Contributions are deducted from your paycheck and invested in your retirement savings account automatically.
- Taxes are deferred on contributions to your Plan and on any potential earnings on those contributions until distribution, which is usually at retirement.
- Your Plan offers a wide range of diversified investment choices.
- You can keep your money in the Plan even if you change jobs or retire.
- Depending on your county, you may have the option to contribute to a Roth account on an after-tax basis. Contact your human resources office or your local CCAO Retirement Plan Counselor to confirm availability.

Increasing your contributions by just a few dollars per paycheck can make a difference in your accumulations over time. Take a look at the chart to the right to see how different increments may change your retirement savings.



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Call 800-284-0444 to speak to a Retirement Plan Counselor or visit www.ccao457.com.

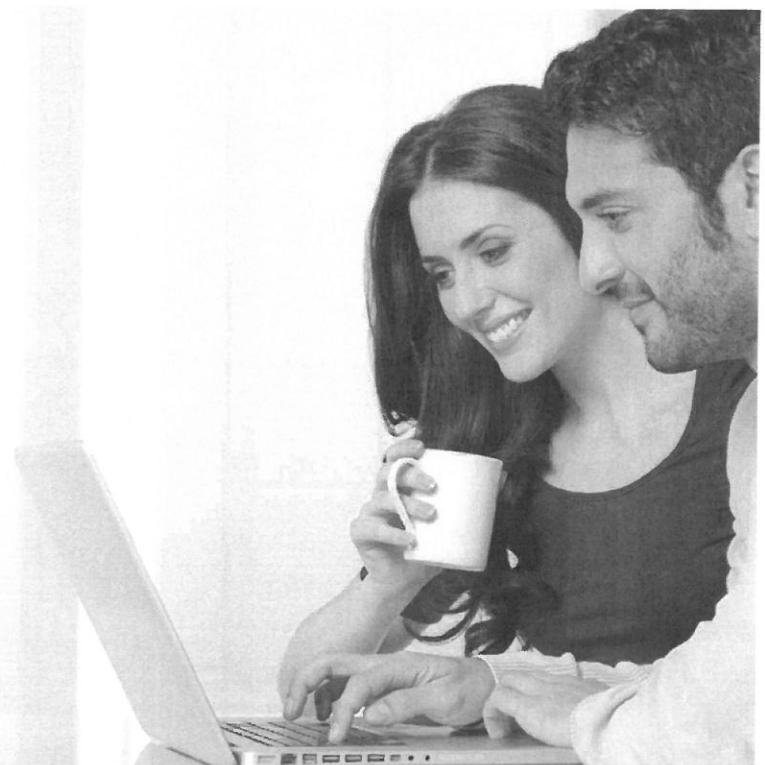
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Quick Enrollment — Government 457(b) Plan

Plan Number 340001-01

Participant Information

Yes! I would like to enroll in the County Commissioners Association of Ohio Deferred Compensation Plan and voluntarily contribute:

\$10* \$25 \$50 \$100 Other _____ per pay period of my eligible compensation on a before-tax basis.

\$10* \$25 \$50 \$100 Other _____ per pay period of my eligible compensation to a Roth account on an after-tax basis.**

*Plan minimum. NOTE: Maximum 2018 annual contribution is \$18,500 or 100% of compensation, whichever is less, and applies to both before-tax and after-tax (Roth) contributions. Deferrals will go into effect with the first payroll date of the month following your signature date.

** NOTE: Check with your CCAO Retirement Plan Counselor to confirm that the Roth option is available in your county before filling out this section. If you fill out this section and your county does not offer the Roth option, your request will not be processed.

Last Name _____ First Name _____ MI _____

Address: Number & Street _____

City _____ State _____ ZIP Code _____ Phone Number _____

Email Address _____ Date of Birth _____

Gender: Female Male Marital Status: Married Unmarried Social Security Number _____

Employment Information

Work Phone _____ Work County _____

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 CCAO?* Yes No

Your CCAO Deferred Compensation Plan contributions will default into the CCAO Stable Value Fund; you may wish to consider selecting investment options that are more appropriate for you.

Would you like a CCAO Retirement Plan Counselor to contact you to discuss investment options? Yes No

Phone Number _____ The best time to call is _____ a.m./p.m. to _____ a.m./p.m. (Circle one)
Available 8 a.m. to 4 p.m. Eastern time.

*Rollovers are subject to your Plan's provisions. You are encouraged to discuss rolling money from one account to another with your financial advisor/planner and to consider any potential fees and/or limitations of available investment options.

Investment option: I understand this form is my election to enroll in the Plan. By signing this form, I give permission for my contributions to be allocated to the Plan's default investment fund, CCAO Stable Value Fund, without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund, I understand I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets, are available to me through my Plan Administrator or Plan website. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

I understand 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 have the right to direct the investment of my account and I can change my investment allocation from the Plan's default fund at any time by logging on to my account at www.ccao457.com or by calling the voice response system at 800-284-0444. A personal identification number (PIN) that gives me access to my account via the Web or phone will be mailed to me soon after my application is processed. NOTE: You are responsible for keeping the assigned PIN confidential. Please contact us if you suspect unauthorized use.

My account: I understand it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors 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.

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 the Internal Revenue Code. I understand 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. NOTE: For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered prior to the first day of the month that the deferral will be made.

X

Participant Signature

Date

OFFICE USE ONLY

Payroll Division Name _____

Payroll Division Number _____