Applicant Company	Name: Prudentia	Retirement Insurance	and Annuity (

Company FEIN: 06-1050034 NAIC No.: 93629

Uniform Certificate of Authority Application (UCAA) **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion: Form A: Acquisition UCAA Type: Not applicable Other: Not applicable Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Applicant Company Name: Prudential Retirement Insurance and Annuity Company Address: 280 Trumbull Street City: Hartford Postal Code: 06103 State/Province: CT Phone: 860-534-2000 In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Christine Middle: Marie 2. a. Are you a citizen of the United States? b. Are you a citizen of any other country? No □✓ If yes, what country? 3. Affiant's occupation or profession: CPA 4. Affiant's business address: 8515 E. Orchard Road Greenwood Village, CO 80111 Business telephone: 303-737-2126 Business Email: christine.moritz@empower-retirement.com 5. Education and training: Dates Attended <u>Degree</u> College/University City/State (MM/YY) **Obtained** Bachelors, Business Univ of Texas Austin, TX 09/94 - 05/99 Administration Dates Attended **Degree Graduate Studies** College/University City/State (MM/YY) Obtained Masters, Professiona Accounting **Univ of Texas** Austin, TX **E** 09/97 - 05/99 Accounting Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained None

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Compan NAIC No.: 93629	y Name: Prudential Re	etirement Insu	rance and		ny EIN: 06-1050034	
6. List of member	ships in professional s	societies and	associat	ions:	-	
Name of Society/Associatio Colorado Socie	<u>n</u>	ontact Name		Society 7887 E Belle	Idress of //Association bylew Ave	Telephone Number of Society/Association 303-773-2877
7. Present or prope	osed position with the	Applicant C	Company	President a	nd Chief Executive Off	icer
present jobs, por Please list the managed telephone numbers the third-party v	ositions, partnerships, nost recent first. Attac ers and supervisory in verification process for	owner of a h additional nformation for r internation	n entity, pages if or the pa al emplo	administrator, the space provi st ten (10) year yers.	manager, operator, direded is insufficient. It is	vise (up to and including ectorates or officerships) only necessary to provide n may be required during
Beginning/Ending Dates (MM/YY):_	12/03 _current	Employer's	Name:	Empower Retirem	ent, LLC / Great-West Life & /	Annuity Insurance Company
Address: 8515 E.	Orchard Road	City: _G	reenwo	od Village	State/Province: CC)
Country: USA	Postal Code:	80111	Phone:	303-737-2126	State/Province: CC Offices/Positions Held:	SVP & CFO, Empower Retrement, VP, FP&A
Type of Business:	Financial/Retireme	nt Services			Andra Bolotin	
Beginning/Ending Dates (MM/YY):_	10/00 12/03	_Employer's	Name:	Pricewaterhou	se Coopers	
Address: 1900 16	th Street #1600	City: D	enver		State/Province:)
Country: USA	Postal Code:	80202	Phone:	720-931-7000	Offices/Positions Held:	Audit Senior
Type of Business:	Accounting Firm		Super	rvisor/Contact:		
Beginning/Ending (Dates (MM/YY):_	09/99 _10/00	Employer's	Name:	Pricewaterhou	se Coopers	
					Offices/Positions Held:	
Type of Business:	Accounting Firm		Super	visor/Contact:		
Beginning/Ending Dates (MM/YY):_		Employer's	Name:	See Attachme	nt	
Address:		City:			State/Province:	
Type of Business:			Super	visor/Contact:		

NAIC No.: 93629	FEIN: 06-1050034
9. a. Have you ever been in a position which required a fi	idelity bond?
Yes No No	
If any claims were made on the bond, give details:	
b. Have you ever been denied an individual or position Yes No No	schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
past. For any non-insurance regulatory issuer, identify licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds your easonably identifiable as your SSN, then write SSN represented by your SSN. (For example, "SSN", "12-SS the space provided is insufficient.	or licensing authority that you presently hold or have held in the y and provide the name, address and telephone number of the on over the license (s) issued. If your professional license number our SSN or any sequence of more than five numbers that are N for that portion of the professional license number that is SN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License:	
	Country: USA Postal Code: 80202
Date Expired (MM/YY): N/A Reason for Ter	Date Issued (MM/YY): 10/02
- 	mination:
Non-Insurance Regulatory Phone Number (if known):	
	Address:
	Country: Postal Code:
	Date Issued (MM/YY):
	rmination:
Non-Insurance Regulatory Phone Number (if known):	
11. In responding to the following, if the record has been se record was sealed or expunged, an affiant may respond '	ealed or expunged, and the affiant has personally verified that the "no" to the question. Have you ever:
 a. Been refused an occupational, professional, or vocat administrative, or governmental licensing agency? Yes No No 	tional license or permit by any regulatory authority, or any public

	ant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC	No.: 93629 FEIN: 06-1050034
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No No
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No No
a	
u.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes \[\bigcup No \[\sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqiti\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}} \end{\sqit{\sqrt{\sq}\sq}
If the re	esponse to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy
of the c	omplaint and filed adjudication or settlement as appropriate.

	plicant Company Name: Prudential Retirement Insurance and Annuity Company AIC No.: 93629 FEIN: 06-1050034
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
If	any of the stock is pledged or hypothecated in any way, give details.
_	
If y	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No
lf a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt? Yes \[\bigcap \text{No } \bigcap \text{V} \]
lf y	es, provide details:
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applicant Compa NAIC No.: 93629	any Name: Prudential Retirement Insurance and Annuity Company FEIN: 06-1050034
a. Been re agency?	fused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing
Yes [No V
judicial,	permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, torship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes	No [V]
	ced on probation or had a fine levied against it or against its permit, license, or certificate of authority in any ninal, administrative, regulatory, or disciplinary action?
Yes 🔲	N₀ [√]
If the answer to a should also include	any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant de any events within twelve (12) months after his or her departure from the entity.
explanation provi	this D day of January 2022 at Empower Grunwood hereby certify perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best
1/10h	knowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant)
State of: Colo	rado County of: Arapahoe
	strument was acknowledged before me by means of physical presence or online notarization, this
lot day of Jo	who is personally known to me, or who
	owing identification:
[SEAL]	NOTARY ID 20204006431 Aysa Melta
	MY COMMISSION EXPIRES 02/14/2024 Printed Notary Name
	My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Advised Assets Group, LLC 8515 E, Orchard Road Greenwood Village, CO 80111

Treasurer 08/23/2018 First Elected: 08/23/2018 Last Elected: 05/19/2021 Manager 08/14/2018 First Elected: 08/14/2018 Last Elected: 08/14/2018

Empower Insurance Agency, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/01/2018 First Elected: 10/01/2018 Last Elected: 10/01/2018

Empower Retirement, LLC Audit Committee 8515 E. Orchard Road Greenwood Village, CO 80111

Committee Member 09/07/2016 First Elected: 09/07/2016 Last Elected: 09/12/2018

Great West Global Business Services India Private Limited Embassy Tech Village SEZ, 1st Floor, Block 2A, Building West Tower,

Devarabisanahalli, Agrahara Village, Varthur Hobli, Outer Ring Road, Bengaluru -- 560103 Karnataka, India.

Director 03/09/2018 First Elected: 03/09/2018 Last Elected: 03/09/2018

Great West Capital Management, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Manager 08/14/2018 First Elected: 08/14/2018 Last Elected: 08/14/2018

Great West Financial Retirement Plan Services, LLC 11500 Outlook St. Overland Park, KS 66211

Vice President & Treasurer 09/02/2014

First Elected: 09/02/2014 Last Elected: 08/14/2018

Great West Life & Annuity Insurance Company (an Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111

Senior Vice President and Chief Financial Officer, Empower Retirement 07/27/2016

First Elected: 07/27/2016 Last Elected: 07/26/2021

Personal Capital Corporation 3 Laggon Drive #200 Redwood City, CA 94065

Director 09/15/2020 First Elected: 09/15/2020 Last Elected: 09/15/2020

1-10-2027

Name: Prudential Retirement Insurance and Annuity Company

Applicant Company Name:	· read-nadir realism in an array array of the party
NAIC No. 93629	FEIN: 06-1050034

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition	UCAA Ty	pe: Not applicable	Othe	r: Not applicable
required (Do Not Use Gr	elephone number of the pro	esent or proposed entity	y under which this	biographical statement is being
Applicant Company Nan	Prudential Retireme	ent Insurance and .	Annuity Compa	ny
Address: 280 Trumbu	II Street, H-17A	C	_{City:} Hartford	
State/Province: CT		Postal Code: 0	6103	Phone: 860-534-2000
hereinafter set forth. (ATANSWER IS "NO" OF	ttach addendum or separate	sheet if space hereor ALL FIELDS MUST	n is insufficient to HAVE A RESPO	information about myself answer any question fully.) NSE. INCOMPLETE FORM PPLICATION.
1. Affiant's Full Name (Initials Not Acceptable): Fi	_{rst:} Harry	∕∕liddle:Arthur	_{Last:} Dalessio
2. a. Are you a citizen	of the United States?			
Yes 🚺	No			
b. Are you a citizen	of any other country?			
Yes	No 🚺			
If yes, what cou	ntry?			
3. Affiant's occupation	or profession: Head of Re	tirement Plan Serv	/ices	
4. Affiant's business add	dress: 280 Trumbull Street H-	17A, Hartford, CT 06103	3	
Business telephone:	360-534-3397	Business Ema	ail: <u>harry.daless</u>	io@prudential.com
5. Education and trainin	g:			
College/University	City/State		Dates Attended (MM/YY)	<u>Degree</u> <u>Obtained</u>
Providence College	Providence	e, RI	09/85 - 08/89	BA Economics
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	<u>Degree</u> Obtained
	Fordham University	Bronx, NY	⊕ 09/95 -	12/97 🖪 MBA
Other Training: Name	<u>City/State</u>	Dates Attended (MM	/YY)	Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Compan NAIC No.: 93629	y Name: Prudential	Retirement inst	rance and A		EIN: 06-1050034		
6. List of members	ships in professiona	l societies and	i association	ns:			
Name of Society/Association The Spark Institute		Contact Name Marlene Jung		Society			phone Number ciety/Association 860-658-5058
	Performing Arts B	etsev Tuck	 er	166 Ca	nitol Ave Hartfor	d CT 06106	860-987-6000
No Barriers US		avid Shurn		224 Cai	nyon Ave, Fort Coll	ins, CO 80521	970-484-3633
7. Present or propo	osed position with t	he Applicant (Company:	Head of Re	tirement Plan Se	rvices	
Please list the m telephone numb the third-party v	ositions, partnership nost recent first. Att pers and supervisory verification process	os, owner of a ach additional information for internation	an entity, a l pages if th for the past nal employe	dministrator, e space proviten (10) year ers.	manager, operatorided is insufficient rs. Additional info	or, directorate t. It is only ne	s or officerships). cessary to provide
Beginning/Ending Dates (MM/YY):_	04/04 Presen	Employer	's Name:_Pi	rudential Fir	ancial, Inc.		
Address: 280 Trun	nbull Street, H-17	City: _	lartford		State/Province	ce: CT	
Address: 280 Trun Country: USA	Postal Cod	e: <u>06103</u>	Phone: _	60-534-3397	Offices/Positions	Held: Vice F	resident
Type of Business:							
Beginning/Ending Dates (MM/YY):_	10/89 _04/04	Employer'	's Name: Cl	GNA Retire	ment & Investme	ent Services	-
Address: 4 Times							
Country: USA	Postal Cod	e: 10036	_ Phone: _		Offices/Positions	Held: VP Sal	es
Type of Business:							
Beginning/Ending Dates (MM/YY):_	-	Employer'	s Name:				
Address:	<u> </u>	City: _			State/Provinc	e:	
Country:							
Type of Business:			Supervi	isor/Contact:	·		·
Beginning/Ending Dates (MM/YY):_		Employer'	s Name:			·	
Address:		City:			State/Provinc	e:	
Country:	Postal Cod	e:	_ Phone:		Offices/Positions	Held:	
Type of Business:			Supervi	sor/Contact:			

Applicant Company Name: Prudential Retirement Insurance and ANAIC No.: 93629		
9. a. Have you ever been in a position which required a fid	elity bond?	
Yes No V		
If any claims were made on the bond, give details:		
b. Have you ever been denied an individual or position s	chedule fidelity bond, or had a bo	nd canceled or revoked?
If yes, give details:		
10. List any professional, occupational and vocational licens governmental licensing agency or regulatory authority or past. For any non-insurance regulatory issuer, identify licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds you reasonably identifiable as your SSN, then write SSN represented by your SSN. (For example, "SSN", "12-SSN the space provided is insufficient.	r licensing authority that you pres and provide the name, address a lover the license (s) issued. If you ir SSN or any sequence of more for that portion of the profess I-345" or "1234-SSN" (last 6 digit	ently hold or have held in the and telephone number of the ir professional license number than five numbers that are ional license number that is
Organization/Issuer of License: FINRA	Address: 1/35 K Street NVV	
City: Washington State/Province: DC	Country: USA F	Postal Code: 20006
License Type: License #: 1584134	Date Issued (MM/YY):	01/1996
Date Expired (MM/YY): N/A Reason for Term	ination:	·
Non-Insurance Regulatory Phone Number (if known):		
Organization/Issuer of License: State of CT Insurance Producer	Address: P.O. Box 816	
City: Hartofrd State/Province: CT	Country: USA Po	ostal Code: 06142
License Type: Life, Variable Annuity License Type: Life Life Life Life Life Life Life Life	Date Issued (MM/YY):	12/2004
Date Expired (MM/YY): N/A Reason for Term	nination:	<u> </u>
Non-Insurance Regulatory Phone Number (if known):		
11. In responding to the following, if the record has been sea record was sealed or expunged, an affiant may respond "r		
 a. Been refused an occupational, professional, or vocational administrative, or governmental licensing agency? Yes No No No 	onal license or permit by any regul	atory authority, or any public

	ant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC I	No.: 93629 FEIN: 06-1050034
	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to an judicial, administrative, regulatory, or disciplinary action?
	Yes No V
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes ☐ No ☐ ✓ ☐
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No No
	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No No
	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes ☐ No ☐ ✓ ☐
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia dispute?
	Yes No V
	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provision of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? Yes No Volume No
i.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
3.	Yes No No
	esponse to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy
of the c	omplaint and filed adjudication or settlement as appropriate.
	·

	IC No.: 93629 FEIN: 06-1050034
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whethe through the ownership of voting securities, by contract other than a commercial contract for goods or non-managemen services, or otherwise, unless the power is the result of an official position with or corporate office held by the person Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
No	ne
If	any of the stock is pledged or hypothecated in any way, give details
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or or record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No No
	es, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the standing voting securities.
If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
	Yes No V
If y	es, provide details:
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for which you
	were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code

NAIC No.: 93629 FEIN: 06-1050034 a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing
Described a manufacture of participate of authority by any regulatory outhority or governmental licensing
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No No
b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No No
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.
Note:If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.
Dated and signed this 12 day of Janvar 20 22 at 280 Tamh 15t. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.
(Signature of Affiant)
State of: Connecticut County of: Hartenel
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this
12 day of Anuly 20 22 by Hanny Sales Stand: who is personally known to me, or who produced the following identification:
Xhely Leave
[SEAL]
Shelly-Oun FEAREN
Printed, Notary Name
My Commission Expires
SHELLY-ANN FEARON
© 2021 National Association of Insurance Commissioners NOTARY PUBLIC My Commission Expires Sept. 30, 2026 Revised 12/08/2020 FORM 11

Applicant Company Name:	Prudential Retirement Insurance and Annuity Company	
NAIC No.: 93629	FEIN: 06-1050034	

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name:	Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629	FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name:	Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629	FEIN: 06-1050034

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion: Form A: Acquisition UCAA Type: Not applicable Other: Not applicable Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Applicant Company Name: Great-West Life & Annuity Insurance Company City: Greenwood Village
Postal Code: 80111 Phone: Address: 8515 E. Orchard Road State/Province: CO Phone: 303-737-3000 In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Jerome Middle: John Last: Selitto 2. a. Are you a citizen of the United States? Yes No No b. Are you a citizen of any other country? No T If yes, what country? 3. Affiant's occupation or profession: President - Mortgage Company 4. Affiant's business address: 459 Broadway, New York, NY 10013 Business telephone: 856-979-2899 Business Email: iselitto@better.com 5. Education and training: **Dates Attended** Degree College/University City/State (MM/YY) Obtained University South Florida Tampa, FL 09/68-06/71 BS Dates Attended **Degree Graduate Studies** College/University City/State (MM/YY)Obtained Other Training: Name City/State Degree/Certification Obtained Dates Attended (MM/YY) 06/73-07-73 Storrs, CT **Banking Course** None - Univ of Conn

Note:

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

NAIC No.: 93629	rsurance and Annuity Company FEIN: _06-1050034
6. List of memberships in professional societies a	and associations:
Name of Contact National Society/Association None	me Address of Telephone Number Society/Association of Society/Association
7. Present or proposed position with the Applicar	
present jobs, positions, partnerships, owner of Please list the most recent first. Attach addition telephone numbers and supervisory information the third-party verification process for internation	
Beginning/Ending 04/15 Present Employed	er's Name: Better Mortgage
	New York State/Province: NY
Country: USA Postal Code: 10013	Phone: 856-879-0289 Offices/Positions Held: President
	Supervisor/Contact: Co-founder
Beginning/Ending 10/09 _ 01/12 Employe	er's Name: PHH Corporation
Address: 3000 Leaderhalld Rd City	Mt Laurel State/Province: NJ
Country: USA Postal Code: 08054	Phone: 856-977-1744 Offices/Positions Held: CEO
Type of Business: Mortgage	Supervisor/Contact: None
Beginning/Ending 01/05 _ 09/09 Employe	er's Name: The Astor Group
Address: 233 E Walton City:	Chicago State/Province: IL
	Phone: closed Offices/Positions Held: Co-founder
Type of Business: financial service consultant	Supervisor/Contact: None
Beginning/Ending 2000 2005 Dates (MM/YY): Employe	er's Name: Deep Green Bank/Finance
	State/Province: OH
	Phone:Offices/Positions Held: Founder & CEO
	Supervisor/Contact: none

Applicant Company Name: Prudential Retirement Insurance NAIC No.: 93629	
9. a. Have you ever been in a position which required	·
Yes No No	
If any claims were made on the bond, give details: None	
in any claims were made on the bond, give details:	
b. Have you ever been denied an individual or posit. Yes No No	ion schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
governmental licensing agency or regulatory authori past. For any non-insurance regulatory issuer, ider licensing authority or regulatory body having jurisdi- is your Social Security Number (SSN) or embeds reasonably identifiable as your SSN, then write	icenses (including licenses to sell securities) issued by any public or ity or licensing authority that you presently hold or have held in the ntify and provide the name, address and telephone number of the ction over the license (s) issued. If your professional license number is your SSN or any sequence of more than five numbers that are SSN for that portion of the professional license number that is -SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License: NMLS	Address: Mortgage NationwideLicensingSystem.Org
	Country: USA Postal Code: N/A
License Type: principal loan officer License #: 33501	
current	Termination:
	Address:
	Country: Postal Code:
	Date Issued (MM/YY):
·	Termination:
	n sealed or expunged, and the affiant has personally verified that the
a. Been refused an occupational, professional, or vo administrative, or governmental licensing agency? Yes No No	cational license or permit by any regulatory authority, or any public?

	cant Company Name: Prudential Retirement Insurance and Annuity Company No.: 93629 FEIN: 06-1050034
	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to an judicial, administrative, regulatory, or disciplinary action?
	Yes No No
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No No
d	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
u.	Yes No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? Yes No
h	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia
11.	dispute?
	Yes No No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes No No
If the r	response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy
of the o	complaint and filed adjudication or settlement as appropriate.
	·

	plicant Company Name: Prudential Retirement Insurance and Annuity Company IC No.: 93629 FEIN: 06-1050034
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
	one
If	any of the stock is pledged or hypothecated in any way, give details.
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No No
If y out:	ves, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the standing voting securities.
If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
	Yes No No
If y	es, provide details:
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

NAIC No.: 93629 FEIN: 06-1050034
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-license
agency?
Yes No No
b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivers conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in civil, criminal, administrative, regulatory, or disciplinary action?
Yes No No
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affi should also include any events within twelve (12) months after his or her departure from the entity.
Note:If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and explanation provided.
Dated and signed this 4 day of 20 71 at 1. I hereby certifunder penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the b of my knowledge and belief.
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.
(Signature of Affiant)
State of: Phila
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of day of year, 202/ by year, and: who is personally known to me, or who
produced the following identification: PA Drivers License.
[SEAL] Commonwealth of Pennsylvania - Notary Seal ANTHONY M. WELLS, Notary Public Philadelphia County My Commission Expires April 10, 2024 Commission Number 1176641 Printed Notary Name
My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Address: 8515 E. Orchard Road City: Greenwood Village

State/Province: CO Country: USA Postal Code: 80111

Phone: 303-737-3000 Offices/Positions Held: Director

Type of Business: Financial Services

Supervisor/Contact: Jeffrey Orr

Beginning/Ending Dates (MM/YY): 05/12 - 05/21 Employer's Name: Great-West Lifeco Inc.

Address: 100 Osborne Street North City: Winnipeg

State/Province: Manitoba Country: Canada Postal Code: R3C 1V3

Phone: 204-946-1190 Offices/Positions Held: Director

Type of Business: Financial Services Holding Company

Supervisor/Contact: Jeffrey Orr

Beginning/Ending Dates (MM/YY): 07/13 - 07/20 Employer's Name:GWL&A Financial Inc.

Address: 8515 E. Orchard Road City: Greenwood Village

State/Province: CO Country: USA

Postal Code: 80111

Phone: 303-737-3000 Offices/Positions Held: Director

Type of Business: Financial Services Holding Company Supervisor/Contact: Jeffrey Orr

Date

Applicant Company Name:	Prudential	Retirement	Insurance	and	Annuity	Company
ipplicant company riame.						

Applicant Company	y Name: 1 radorition	Trothollion inbarance and runnary company
NAIC No.: 93629		_{FEIN:} 06-1050034

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion: Form A: Acquisition UCAA Type: Not applicable Other: Not applicable Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Applicant Company Name: Prudential Retirement Insurance and Annuity Company Address: 280 Trumbull Street City: Hartford Postal Code: 06103 Phone: 860-534-2000 State/Province: CT In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan 2. a. Are you a citizen of the United States? Yes \square No \square b. Are you a citizen of any other country? If yes, what country? 3. Affiant's occupation or profession: Investment Management 4. Affiant's business address: 8515 E Orchard Road, Greenwood Village, CO 80111 Business telephone: 303.737.0058 Business Email: jonathan.kreider@greatwest.com 5. Education and training: Dates Attended Degree Obtained City/State (MM/YY) College/University Boulder, CO 08/01-12/04 **BSBA** University of Colorado Dates Attended Degree Obtained College/University City/State (MM/YY)**Graduate Studies** University of Colorado at Denver 08/05-05/08 MBA Denver, CO Degree/Certification Obtained Other Training: Name City/State Dates Attended (MM/YY)

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement insurance a NAIC No.: 93629	FEIN: 06-1050034
6. List of memberships in professional societies and assoc	iations:
Name of Contact Name Society/Association CFA Institute n/a	Address of Society/Association Telephone Number of Society/Association 915 E High St, Charlottesville, VA 22902 434.977.0437
CFA Society of Colorado n/a	12011 Tejon St, Westminster, CO 80234 303.537.2988
7. Present or proposed position with the Applicant Compa	nny: Director
present jobs, positions, partnerships, owner of an enti- Please list the most recent first. Attach additional pages telephone numbers and supervisory information for the the third-party verification process for international em	
Beginning/Ending 08/12 Present Employer's Nam	e:
Address: 8515 E Orchard Road City: Green	wood Village State/Province: CO
Country: USA Postal Code: 80111 Pho	ne: 303.737.1655 Offices/Positions Held: SVP, Head of Great-West Investments
Type of Business: Financial Services Su	pervisor/Contact: Edmund Murphy
Beginning/Ending 05/10 08/12 Employer's Name	ne: JDL Consultants, LLC
Address: 41 Glen Avon Dr City: Riversi	
Country: USA Postal Code: 06878 Pho	ne: 203.698.3300 Offices/Positions Held: Management Consulting Associate
Type of Business: Management Consulting Su	pervisor/Contact:
Beginning/Ending 01/05 05/10 Employer's Name	ne: Lipper, Inc.
Address: 3 Times Square, Floor 17 City: New Y	ork State/Province: NY
	ne:Offices/Positions Held: Research Analyst
Type of Business: Investment Data Provider Su	pervisor/Contact:
Beginning/Ending 06/97 08/09 Employer's Nam	ne: Casa Casa, LLC
Address: 1560 Big Thompson Avenue City: Estes I	Park State/Province: CO
Country: USA Postal Code: 80517 Phor	Manager, Server, Bartender, etc. Offices/Positions Held:
Type of Business: Restaurant Su	pervisor/Contact:

Applicant Company Name: Prudential Retirement Insurar NAIC No.: 93629	ce and Annuity Company FEIN: 06-1050034
9. a. Have you ever been in a position which require	
Yes No V	
if any claims were made on the bond, give details	
,	
b. Have you ever been denied an individual or po	sition schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
11 yos, givo dounis	
licensing authority or regulatory body having juri is your Social Security Number (SSN) or emb reasonably identifiable as your SSN, then writ represented by your SSN. (For example, "SSN", "the space provided is insufficient.	dentify and provide the name, address and telephone number of the sdiction over the license (s) issued. If your professional license number eds your SSN or any sequence of more than five numbers that are the SSN for that portion of the professional license number that is 12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License: FINRA	
	Country: USA Postal Code: 20006
License Type: Series 6, 63, 26 License #: 61139	Date Issued (MM/YY): 02/15, 02/15, 03/15
Date Expired (MM/YY): Reason f	or Termination:
Non-Insurance Regulatory Phone Number (if known):	
Organization/Issuer of License: FINRA	Address: 1735 K Street, NW
City: Washington State/Province: DC	Address: 1735 K Street, NW Country: USA Postal Code: 20006
License Type: Series 65 License #: 611394	Date Issued (MM/YY):
Date Expired (MM/YY): 03/15 Reason f	or Termination: Internal job transfer
Non-Insurance Regulatory Phone Number (if known):	
	een sealed or expunged, and the affiant has personally verified that the
administrative, or governmental licensing ager	vocational license or permit by any regulatory authority, or any public cy?
Yes No V	

	nt Company Name: Prudential Retirement Insurance and Annuity Company o.: 93629 FEIN: 06-1050034
b. F	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any udicial, administrative, regulatory, or disciplinary action? Yes \[\bigcup \] No \[\bigcup \]
	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No
d. H	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes \[\bigcup \] No \[\bigcup \]
e. F	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No
s	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No No
a r	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes L No L
	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No No
C	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule of regulation lawfully made by the Comptroller of any state or the Federal Government? Yes \[\] No \[\sqrt{\sq\t{\sq\ta}\sqrt{\sq}\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sq}\sq}\sq
j. I	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes No No
	sponse to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy emplaint and filed adjudication or settlement as appropriate.
-	
	

	Licant Company Name: Prudential Retirement Insurance and Annuity Company C No.: 93629 FEIN: 06-1050034
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
n/a	
If a	ny of the stock is pledged or hypothecated in any way, give details
	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes \[\bigcup \text{No } \Bigcup \text{V} \]
If ye	es, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the anding voting securities.
If an	y of the shares of stock are pledged or hypothecated in any way, give details.
	Have you ever been adjudged a bankrupt?
	Yes \[\] No \[\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\sq}}}}}}} \sqintinfinetion}} \sqrt{\sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq
	To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code

	ant Company Name: Prudential Retirement Insurance and Annuity Company No.: 93629 FEIN: 06-1050034
NAIC	
a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensin agency?
	Yes No No
b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to an judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No No
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in an eivil, criminal, administrative, regulatory, or disciplinary action?
	Yes No No
	answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiar also include any events within twelve (12) months after his or her departure from the entity.
l hav	e served as Director and Officer of companies that may have received fines in the ordinary
cours	se of business.
-	
	f an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and a ation provided.
Dated under of my	and signed this <u>/3</u> day of <u>January</u> 20 <u>ZZ</u> at <u>Munawkk</u> <u>Wl</u> . I hereby certify penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the besknowledge and belief.
XI h	nereby acknowledge that I may be contacted to provide additional information regarding international searches.
	(Signature of Affiant)
State c	of: Wisyensin County of: Milwankee
The fo	regoing instrument was acknowledged before me by means of X physical presence or online notarization, this
13 da	ay of January, 2022 by Jona than Kreider, and: Who is personally known to me, or who
	bed the following identification:
	INTON BOETS
	Sudan Brolleto
	[SEAL] Notary Public
	Candon Boettcher Printed Notary Name
	[SEAL] Notary Public Landon Boettcher Printed Notary Name 02/25/2022
	My Commission Expires
	""""""""""""""""""""""""""""""""""""""

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Great West Capital Management, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

President & Chief Executive Officer 02/12/2020

First Elected: 02/12/2020 Last Elected: 04/16/2021 Manager 02/12/2020 First Elected: 02/12/2020 Last Elected: 02/12/2020

Great West Funds, Inc. 8515 E. Orchard Road Greenwood Village, CO 80111

President & Chief Executive Officer 02/12/2020

First Elected: 02/12/2020 Last Elected: 04/07/2021 Director 02/12/2020 First Elected: 02/12/2020 Last Elected: 02/12/2020

Great West Life & Annuity Insurance Company (an Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111

Senior Vice President and Head of Great West Investments 07/29/2020

First Elected: 07/29/2020 Last Elected: 07/26/2021

Great West Life & Annuity Insurance Company of New York 370 Lexington Ave Suite 703 New York, NY 10017

Senior Vice President and Head of Great West Investments 10/28/2020

First Elected: 10/28/2020 Last Elected: 10/28/2020

GWL Realty Advisors U.S., Inc. 1099 18th Street, Suite 2900 Denver, CO 80202

Director 03/06/2020 First Elected: 03/06/2020 Last Elected: 03/06/2020

Signature of Affiant

Date

Name: Prudential Retirement Insurance and Annuity Company

Applicant C	ompany	Nam
NAIC No.:	93629	

FEIN: 06-1050034

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion: Form A: Acquisition UCAA Type: Not applicable Other: Not applicable Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Applicant Company Name: Prudential Retirement Insurance and Annuity Company Address: 280 Trumbull Street City: Hartford State/Province: CT Postal Code: 06103 Phone: 860-534-2000 In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Mary 2. a. Are you a citizen of the United States? No 🗌 b. Are you a citizen of any other country? Yes \ \ \ No \ \ If yes, what country? ____ 3. Affiant's occupation or profession: VP Finance - Investments & Global Middle Office 4. Affiant's business address: 8515 E. Orchard Road Greenwood Village, CO 80111 Business telephone: 303-737-4743 Business Email: mary.maiers@empower-retirement.com 5. Education and training: Dates Attended Degree College/University City/State (MM/YY) Obtained University of Northern Iowa Cedar Falls, Iowa 08/86-05/90 **BA** Accounting Dates Attended Degree Graduate Studies College/University City/State (MM/YY) Obtained Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Compan NAIC No.: 93629	y Name: Prudential R			EIN: 06-1050034	
an an and an are area of	ships in professional				
	• •				T. 1
Name of Society/Associatio		ontact Name		ddress of ty/Association	<u>Telephone Number</u> of Society/Association
Colorado Society		mela Galey		E. Belleview Englewood	
AICPA			220 L	eigh Farm Rd Durhan	n N (= ⁸⁸⁸⁻⁷⁷⁷⁻⁷⁰⁷⁷
7. Present or prop	osed position with the	e Applicant Co	ompany: Director		
present jobs, por Please list the nate telephone number the third-party of the present present in the third-party of the present jobs, por present jobs,	ositions, partnerships nost recent first. Attac	, owner of an ch additional p nformation for international	entity, administrator ages if the space pro- r the past ten (10) yea l employers.	ner compensated or otherw r, manager, operator, direct vided is insufficient. It is ours. Additional information	ctorates or officerships). nly necessary to provide
Dates (MM/YY):		_ Employer's	Name:		
Address: 8515 E	. Orchard Rd	City:	eenwood viilage	State/Province: CO	
Country: USA	Postal Code:	80111	303-737-3000 Phone:	State/Province: CO Offices/Positions Held:	/P Finance- Investments and Global Middle Office
Type of Business:	Insurance		Supervisor/Contact	Kara Roe	
Beginning/Ending Dates (MM/YY):_	=	_ Employer's 1	Great-Wes	t Life & Annuity	
8515 E Address:	. Orchard Rd	City: Gr	eenwood Village	State/Province: CO	
	Postal Code:	80111	303-737-3000 Phone:	Offices/Positions Held: Inv	Investment Operations; AVP restment Operatios
Type of Business:	Insurance		Supervisor/Contact	Kara Roe	
Beginning/Ending (Dates (MM/YY):_	05/05 04/21	_ Employer's l	Name: GW Capita	l Management	
Address: 8515 E	. Orchard Rd	City: Gr	eenwood Village	e State/Province: CO	
Country: USA	Postal Code:	80111 ₁	303-737-3000 Phone:	Offices/Positions Held:	FO & Treasurer
Type of Business:			Supervisor/Contact	Kara Roe	
Beginning/Ending (Dates (MM/YY):_	05/05 4/21	_ Employer's 1	Name: Great-Wes	t Funds	
Address: 8515 E	Orchard Rod	City:	eenwood Village	State/Province: CO	
Country: USA	Postal Code:	80111 _F	303-737-3000 Phone:	Offices/Positions Held:	FO & Treasurer
Type of Business:	Mutual Fund Co	ompany	Supervisor/Contact	Kara Roe	

Applicant Company Name: NAIC No.: 93629	Prudential Retirement Insurance	7771 00	1050034	
9. a. Have you ever been	in a position which required a	a fidelity bond?		
	70 []	, , , , , , , , , , , , , , , , , , , ,		
If any claims were made on	the bond, give details:			
			4	
b. Have you ever been	denied an individual or positi	ion schedule fidelity bond,	or had a bond canceled	d or revoked?
Yes N	∘ □✔□			
If yes, give details:				
		*		
		<u> </u>		
10 List any professional on	ecupational and vocational li	censes (including licenses t	to gall googrified igns	
	agency or regulatory authoric	ty or licensing authority that	at you presently hold	or have held in the
past. For any non-insur	ance regulatory issuer, iden	tify and provide the name	, address and teleph	one number of the
is your Social Security	gulatory body having jurisdic Number (SSN) or embeds	ction over the license (s) iss vour SSN or any sequen	ce of more than five	onal license number e numbers that are
reasonably identifiable	as your SSN, then write S	SSN for that portion of t	he professional licen	nse number that is
represented by your SSN the space provided is ins	V. (For example, "SSN", "12-	-SSN-345" or "1234-SSN"	(last 6 digits)). Attach	additional pages if
		cies 1560 Bro	adway Suita 11	0
Organization/Issuer of Licens	se:	Address:	—————————	
Organization/Issuer of Licens Denver City: S	tate/Province:	Country:	Postal Code	80202 ::
CPA License Type:	CPA.00 License #:	14979 Date Issued	12/21 (MM/YY):	
Date Expired (MM/YY):				
Non-Insurance Regulatory Ph	30	3-894-7855		
	FINRA	1735 K S	Street NW	
Organization/Issuer of Licens	DC	Address:		00000
Washington City: S	tate/Province:	Country: USA	Postal Code:	20006
Series 27 License Type:	License #: CRD 446	Date Issued (08/02 (MM/YY):	
Date Expired (MM/YY):				
Non-Insurance Regulatory Pl	80 none Number (if known):	0-289-9999 (Broker (Check)	
11. In responding to the follorecord was sealed or exp	owing, if the record has been unged, an affiant may respon			lly verified that the
administrative, or gov	pational, professional, or voc vernmental licensing agency?		y any regulatory autho	ority, or any public

Applicant Company Name: Prudential Retirement NAIC No.: 93629	t Insurance and Annuity Company FEIN: 06-1050034
"control" (including the terms "controlling direct or indirect, of the power to direct of through the ownership of voting securities, services, or otherwise, unless the power is Control shall be presumed to exist if any pholds proxies representing, ten percent (109)	insurance regulatory authority that you control directly or indirectly. The term 3," "controlled by" and "under common control with") means the possession or cause the direction of the management and policies of a person, whether, by contract other than a commercial contract for goods or non-management the result of an official position with or corporate office held by the person person, directly or indirectly, owns, controls, holds with the power to vote, or 10% or more of the voting securities of any other person.
None	
	<u> </u>
If any of the stock is pledged or hypothecated i	in any way, give details
record, 10% or more of the outstanding shauthority, or its affiliates? An "affiliate" o indirectly through one or more intermediari specified.	ate family individually or cumulatively subscribe to or own, beneficially or of nares of stock of any entity subject to regulation by an insurance regulatory of, or person "affiliated" with, a specific person, is a person that directly, or ies, controls, or is controlled by, or is under common control with, the person
Yes No No	
If yes, please identify the company or compar outstanding voting securities.	nies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or hypo	thecated in any way, give details.
14. Have you ever been adjudged a bankrupt?	
Yes No No	
If yes, provide details:	
	entity (including entities controlled by the holding company) for which you restment committee member, key management employee or controlling
	ents occur while you served in such capacity? If employed at the holding

Applicant Company NAIC No.: 93629	Name: Prudential Retirement Insurance and Annuity Company FEIN: 06-1050034
	sed a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing
Yes [No Vo
judicial, ad	mit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any lministrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, ship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes	No [✓
	d on probation or had a fine levied against it or against its permit, license, or certificate of authority in any al, administrative, regulatory, or disciplinary action?
Yes	No No
	y of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant any events within twelve (12) months after his or her departure from the entity.
-	
Note:If an affiant h explanation provide	as any doubt about the accuracy of an answer, the question should be answered in the positive and an d.
Dated and signed th under penalty of per of my knowledge ar	is 14 day of January 20 22 at Long Tree Colorado I hereby certify rjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best and belief.
I hereby acknow	wledge that I may be contacted to provide additional information regarding international searches.
(Sig	mature of Affiant)
State of: Color	ado County of: Arapahoe
	ament was acknowledged before me by means of physical presence or online notarization, this
	$\frac{a \times y}{2}$, 20 $\frac{22}{2}$ by $\frac{a \times y}{2}$ $\frac{a \times y}{2}$, and: who is personally known to me, or $\frac{a \times y}{2}$ who
produced the follow	ring identification:
[SEAL]	Nancy K. Caster NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20034031067 MY COMMISSION EXPIRES APRIL 17, 2024 Printed Notary Name
	April 17, 2024 My Commission Expires

NAIC No.: 93629

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

FEIN: 06-1050034

#8 Employment, Continued:

Empower Finance 2020 A, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 08/24/2020 First Elected: 08/24/2020 - 12/21 Director 08/24/2020 First Elected: 08/24/2020 - 12/21

Empower Securities Holdings, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/21/2021 First Elected: 10/21/2021 Last Elected: 10/21/2021

Great West Investors GP Inc. 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Investors Holdco Inc. 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Investors LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Investors LP Inc. 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 -- 12/21

Great West Lifeco Finance (Delaware) LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Lifeco Finance 2017, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 11/12/2019 First Elected: 11/12/2019 - 12/21 Director 11/12/2019 First Elected: 11/12/2019 - 12/21

Great West Lifeco Finance 2018 II, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Lifeco Finance 2018, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21 Manager 10/15/2019 First Elected: 10/15/2019 - : 12/21

Great West Lifeco US Finance 2019 II, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 11/12/2019 First Elected: 11/12/2019 - 12/21 Director 11/12/2019 First Elected: 11/12/2019 - 12/21

Great West Lifeco US Finance 2019, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 11/12/2019 First Elected: 11/12/2019 - 12/21

@irector 06/26/2020 First Elected: 06/26/2020 - 12/21

Signature of Affiant

NAIC No.: 93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

GW Lifeco US Finance 2020 30 Year, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 Treasurer 06/26/2020 First Elected: 06/26/2020 - 12/21

GW Lifeco US Finance 2020 Holdco, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 06/26/2020 First Elected: 06/26/2020 - 12/21 Director 06/26/2020 First Elected: 06/26/2020 - 12/21

GW Lifeco US Finance 2020, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 06/26/2020 First Elected: 06/26/2020 - 12/21 Director 06/26/2020 First Elected: 06/26/2020 - 12/21

GWL&A Financial Inc. (also an Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111 Vice President, Investment Operations 07/27/2016 First Elected: 07/27/2016 Last Elected: 07/25/2018

The Canada Life Assurance Company (US Branch) 8515 E. Orchard Road Greenwood Village, CO 80111

Vice President, Investment Operations, U.S. Operations 05/23/2016

First Elected: 05/23/2016 Last Elected: 10/06/2017

The Great West Life Assurance Company (US Branch) 8515 E. Orchard Road Greenwood Village, CO 80111

Vice President, Investment Operations, U.S. Operations 05/23/2016

First Elected: 05/23/2016 Last Elected: 10/06/2017

Merged into CLAC 01/01/2020

GWFS Equities, Inc. 8515 E. Orchard Rd. Greenwood Village, CO 80111

Financial Operations Principal 2012 - Present

Broker-Dealer

Greenwood Investments 8515 E. Orchard Road Greenwood Village, CO 80111

Financial Operations Principal 2002-2006

Broker-Dealer

Canada Life of America Financial Services Inc 8515 E. Orchard Road Greenwood Village, CO 80111

Financial Operations Principal 2003-2005

Broker Dealer

Great-West Trust Company & Collective Investment Trusts 8515 E. Orchard Road Greenwood Village CO 80111

Treasurer 2012 - 2021

Trust Company

GWL&A Financial Inc Employees' and Agents' Pension Benefits Plan

Canada Life Assurance Company United States Consolidated Pension Plan

Empower Retirement LLC 401k Savings Plan

Empower Retirement LLC 1081(k) Savings Plan

8515 E. Orchard Road Greenwood Village, CO 80111

Trustee 2014 - Present

Signature of Affiant

NAIC No.:93629 FEIN: 06-1050034

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not Applicable Other: Not Applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Residuary Trust

Address: <u>759 Square Victoria</u>, <u>Suite 520</u> City: <u>Montreal</u>

State/Province: <u>Ouebec, Canada</u> Postal Code: <u>H2Y 2J7</u> Phone: <u>514-281-3385</u>

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1.4	Affiant's Full	Name (Ini	tials Not Acceptable):	First: Michel	Middle: <u>M</u>	iddle Name	Last: Plessis-Bélair	
2.	a. Are you a	a citizen of	the United States?					
	☐ Yes		⊠ No					
	b. Are you a	a citizen of	any other country?					
	⊠ Yes		□ No					
	If yes, what	country?	<u>Canada</u>					
_		.•						

- 3. Affiant's occupation or profession: Vice Chairman, Power Corporation of Canada
- 4. Affiant's business address: 751 Square Victoria, Montréal, QC, H2Y 2J3

Business telephone: <u>514-286-7436</u>
Business email: <u>Plessis-belair@powercorp.com</u>

5. Education and training:

College/University	<u>City/State</u>		Dates Attended (MM	/YY) Degree Obtained
Columbia University	New York,	NY	Obtained in 06/1967	MBA, Finance
Graduate Studies	College/University	City/State	Dates Attended (MM	/YY) Degree Obtained
Université de Montréal	HEC	Montreal, QC	Obtained in 06/1965	L. Sc. Comm.
Other Training: Name	City/State	Dates Attended	L(MM/YY)	Degree/Certification Obtained
Collège Jean-de-Brébeuf	Montréal, QC	Obtained in 06	<u>/1962</u>	<u>BA</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

NAIC No.:93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
Name of Soc. Assoc.	Contact Name	•	Telephone No. of Soc. Assoc.
Name of Soc. Assoc.	Contact Name	Address of Soc. Assoc. T	elephone No. of Soc. Assoc.
Name of Soc. Assoc.	Contact \ame	Address of Soc. Assoc. 1	elephone No. of Soc. Assoc.

- 7. Present or proposed position with the Applicant Company: Trustee
- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 05/08- Today Employer's Name: Power Corporation of Canada

Address: 751 Square Victoria City: Montréal State/Province: Quebec

Country: Canada Postal Code: H2Y 2J3 Phone: 514-286-7436 Offices/Positions Held: Vice Chairman

Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 08/96-05/08 Employer's Name: Power Corporation of Canada

Address: 751 Square Victoria City: Montréal State/Province; Quebec

Country: Canada Postal Code: H2Y 2J3 Phone: 514-286-7436 Offices/Positions Held: Vice Chairman and CFO

Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/97- 05/08 Employer's Name: Power Financial Corporation

Address: 751 Square Victoria City: Montréal State/Province: Quebec

Country: Canada Postal Code: H2Y 2J3 Phone: 514-286-7436 Offices/Positions Held: Executive Vice President and CFO

Type of Business: <u>Financial Services</u> Supervisor/Contact: <u>N/A</u>

Beginning/Ending

Dates (MM/YY): MM YY- MM YY Employer's Name: Employer's Name

Address: Address City: City State/Province: State Province

Country: Country: Postal Code: Postal Code: Phone: Phone:

Type of Business: Type of Business Supervisor/Contact: Supervisor Contact

Applicant Company NAIC No.:93629	Name: Prudential Retirement Ins	surance and Annuity (Company FEIN: <u>06-10</u>	<u>50034</u>		
9. a. Have you ever	2. a. Have you ever been in a position which required a fidelity bond?					
□ Yes ⊠ N	o					
If any claims w	vere made on the bond, give detail	ls: <u>Give Details</u>				
b. Have you ever	been denied an individual or pos	ition schedule fidelity	bond, or had a bo	nd canceled or revoked?		
□ Yes 🛛 N	o					
If yes, give det	ails: <u>Cive Details</u>					
governmental I past. For any no authority or reg Social Security identifiable as y	10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public of governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is you social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonable identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provide is insufficient.					
Question 10 Cive I	Detuls					
Organization/Issuer	of License: L'Ordre des CPA du	<u>Ouébec</u>	Address:	5 Place Ville Marie, bureau 800		
City: Montréal	State/Province: <u>Québec</u>	Country: Cana	<u>da</u> Postal C	ode: <u>H3B 2G2</u>		
License Type: <u>C.A.</u>	(1967) & F.C.A. (1989)	License #: <u>A10135</u>	6 Date Issued ((MM/YY): <u>1967 & 1989</u>		
Date Expired (MM/	YY): <u>2018</u>	Reason for Terminat	ion: <u>Retirement</u>			
Non-Insurance Reg	ulatory Phone Number (if known)	Phone Number				
Organization/Issuer	of License: Org Issuer License		Address: Address	1		
City: City	State/Province: State P	tovince	Country: Country	Postal Code: Postal Code		
License Type: Lice	License #:	License -	0	Date Issued (MM/YY): MM YY		
Date Expired (MM/	YY): <u>MM M</u>	Reason for Term	ination: <u>Reason for</u>	Lermination		
Non-Insurance Reg	ulatory Phone Number (if known)): Phone \umber				
	o the following, if the record has led or expunged, an affiant may re					
	l an occupational, professional, o e, or governmental licensing ager		r permit by any re	gulatory authority, or any public		
□ Yes 🛛	No					
administrativ	upational, professional, or vocations, regulatory, or disciplinary actions.		you hold or have h	eld, been subject to any judicial,		
2	• • •					

Applicant Company Name: Prudential Retirement Insurance and Annuity Company NAIC No.:93629 FEIN: 06-1050034 c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? ☐ Yes ☑ No d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? ☐ Yes ⊠ No e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? ☐ Yes ☐ No f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? ☐ Yes ☑ No g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? ☐ Yes ☐ No h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? ☐ Yes ⊠ No i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? ☐ Yes ☑ No j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? ☐ Yes ☑ No If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. If yes, provide details including dates, locations, dispositions, etc. 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person None

If any of the stock is pledged or hypothecated in any way, give details. Give details if stock is pledged or hypothecated.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company NAIC No.:93629 FEIN: 06-1050034 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. ☐ Yes ☑ No If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in any way, give details. If shares are pledged or hypothecated, give details 14. Have you ever been adjudged a bankrupt? ☐ Yes ⊠ No If yes, provide details: If yes, provide details. 15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. Group Coders: a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency? ☐ Yes ⊠ No b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? ☐ Yes ☑ No c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? ☐ Yes ⊠ No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

If the answer to any of the above is yes, please indicate and give details

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: <u>Prudential Retirement Insurance and Annuity Compa</u> NAIC No.: 93629	any FEIN: <u>06-1050034</u>
Dated and signed this 30 day of 122 at world perjury that I am acting on my own behalf and the foregoing statements are and belief.	. I hereby certify under penalty of true and correct to the best of my knowledge
I hereby acknowledge that I may be contacted to provide additional information (Signature of Affiant)	tion regarding international searches.
State of: ducke County of: Conde	
The foregoing instrument was acknowledged before me by means of physical day of, 202 / by	l presence or ✓online notarization, this nown to me, or □ who produced the
[SEAL]	Notary Public Printed Notary Name
	My Commission Expires
	not

NAIC No.:93629 FEIN: 06-1050034

My Commission Expires

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

NAIC No.:93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

NAIC No.:93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Pru	dential Retirement In	surance and Annuity (Company		
NAIC No.: 93629 FEIN: 06-1050034					
	Uniform Certificate of BIOGRAPH	Authority Application (U IICAL AFFIDAVIT	CAA)		
To the extent permitted by law, t may be required to provide addit school or lived and worked intern	uvuai iniormation gyring	confidential by the state in the third-party verification	surance regu process if t	latory authority. The affiant hey have attended a foreign	
		pose for Completion:			
Form A: Acquisition	UCAA Type: N	lot applicable	Other: N	ot applicable	
Full name, address and telephone required (Do Not Use Group Nam	e number of the present ones).	r proposed entity under wh	nich this bio		
Applicant Company Name: Pru	dential Retirement In	surance and Annuity (Company		
Address: 280 Trumbull Stree State/Province: CT	t	City: Hartfo	ord		
State/Province: CI		Postal Code: 06103	Ph	one: 860-534-2000	
In connection with the above-n hereinafter set forth. (Attach add ANSWER IS "NO" OR "NON! COULD DELAY THE APPLICA	endum of separate sheet E," SO STATE. ALL F TION PROCESS of RES	It space hereon is insufficiently IELDS MUST HAVE A SULT IN REJECTION OF	cient to ansv RESPONSE THE APPLI	wer any question fully.) IF E. INCOMPLETE FORMS CATION.	
1. Affiant's Full Name (Initials N	Not Acceptable): First: Ry	an Middle: Lyr	<u>n</u>	ast: Logsdon	
2. a. Are you a citizen of the Un	ited States?				
Yes 🚺 No	<u></u>				
b. Are you a citizen of any otl	ner country?				
Yes No No					
If yes, what country?			_		
3. Affiant's occupation or profess	sion: Attorney				
4. Affiant's business address: 852	5 E. Orchard Road Greenv	vood Village, CO 80111			
Business telephone: 303-737	-4675	Business Email: ryan.lo	gsdon@en	npower-retirement.com	
5. Education and training:					
College/University	City/State	<u>Dates At</u> (MM/		<u>Degree</u> <u>Obtained</u>	
Marquette University	Milwaukee, WI	09/92 - 06	3/96	B.A.	

None If affiant attended a foreign school, please provide full address and telephone number of the college/university. If Note: applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of

1

City/State

Dates Attended (MM/YY)

St. Louis, MO

B.A.

Degree

Obtained

+

J.D.

Degree/Certification Obtained

Dates Attended

(MM/YY)

6 06/96 - 06/99

College/University

City/State

St. Louis Univ School of Law

attendance to the Biographical Affidavit Personal Supplemental Information.

Graduate Studies

Other Training: Name

Law

NAIC No.: 93629		etirement Insurance and		EIN: 06-1050034	
6. List of membersh	ips in professional	societies and associati	ons:		
Name of Society/Association None	<u>C</u>	ontact Name	A Societ	ddress of y/Association	Telephone Number of Society/Association
7. Present or propose	ed position with the	Applicant Company:	Secretary		
Please list the most telephone number	tions, partnerships, st recent first. Attac s and supervisory i	owner of an entity, h additional pages if t	administrator, he space prov t ten (10) vea	, manager, operator, ided is insufficient	therwise (up to and including directorates or officerships) It is only necessary to provide nation may be required during
Beginning/Ending 04 Dates (MM/YY):	/00 present	Employer's Name:	mpower Retiren	nent, LLC / Great-West Li	fe & Annuity Insurance Company
Address: 8525 E. Or	chard Road	City: Greenwoo	d Village	State/Province:	со
Country: USA	Postal Code:	80111 Phone:	303-737-4675	Offices/Positions H	Deputy General Counsel, various Legal
Type of Business:	inancial/Retireme	nt Services Superv	isor/Contact:	Richard Schultz	
Danississ/F-Jis-		Employer's Name:			
Address:		City:		State/Province:	
					eld:
		Superv			
Beginning/Ending Dates (MM/YY):		Employer's Name:			
Address:		City:		State/Province:	
					ld:
Beginning/Ending					
					ld:
		Superv			

Applicant Company Name: Prudential Retirement Insurance ar NAIC No.: 93629	d Annuity Company FEIN: 06-1050	3024
		1034
9. a. Have you ever been in a position which required a f	idelity bond?	
Yes [No [🗸]		
If any claims were made on the bond, give details:		
b. Have you ever been denied an individual or position	schedule fidelity bond, or ha	ad a bond canceled or revoked?
Yes No No		
If yes, give details:		
10.11		
10. List any professional, occupational and vocational licer	ises (including licenses to se	Il securities) issued by any public of
governmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identif	or licensing authority that you	ou presently hold or have held in the
needsing audiority of regulatory body naving jurisdiction	IN Over the license (s) issued	If your professional license weeks
is your social security number (SSN) or embeds vo	HIT SSN OF any sequence of	of more than firm
reasonably identifiable as your 55N, then write 551	N for that portion of the r	professional license number that it
represented by your SSN. (For example, "SSN", "12-SS the space provided is insufficient.	N-345" or "1234-SSN" (last	6 digits)). Attach additional pages in
Organization/Issuer of License: Supreme Court State of COlorado	2 1300 Broadwa	24
City: Denver State/Province: CO	Country: USA	Postal Code: 80203
License Type: Attorney License #: 31405	Date Issued (MN	_{1/YY):} 10/00
Date Expired (MM/YY): Annual Renewal Reason for Ter	mination: N/A	
Non-Insurance Regulatory Phone Number (if known): 303-9		
Organization/Issuer of License:		
City: State/Province:		
License Type: License #:		
Date Expired (MM/YY): Reason for Term		
Non-Insurance Regulatory Phone Number (if known):		
 In responding to the following, if the record has been see record was sealed or expunged, an affiant may respond " 	iled or expunged, and the aft no" to the question. Have yo	fiant has personally verified that the u ever:
a. Been refused an occupational, professional, or vocati	onal license or permit by any	regulatory authority, or any public
administrative, or governmental licensing agency? Yes No No		
1 €2 1 1/10 1 1 1/10 1 1 1 1 1 1 1 1 1 1 1 1		

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034
b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to judicial, administrative, regulatory, or disciplinary action?
Yes No No
 Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license permit in any judicial, administrative, regulatory, or disciplinary action? Yes No No
d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No No
f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sente suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil tra offenses?
Yes No No
g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judic administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another cour regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices the course of the business of insurance, securities or banking?
Yes No No
h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No No
i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provision of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes [No [_✓]_
j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes No No
<u> </u>
If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a co of the complaint and filed adjudication or settlement as appropriate.

Ap NA	IC No.: 93629 FEIN: 06-1050034					
	1 Lii4, 05 1850004					
	2. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the possed direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whethrough the ownership of voting securities, by contract other than a commercial contract for goods or non-managed services, or otherwise, unless the power is the result of an official position with or corporate office held by the percent (10%) or more of the voting securities of any other person.					
140	416					
_						
If:	any of the stock is pledged or hypothecated in any way, give details.					
_	, o , , , , , , , , , , , , , , , , , ,					
_						
	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or or record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.					
	Yes No No					
If youts	es, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the tanding voting securities.					
If an	y of the shares of stock are pledged or hypothecated in any way, give details.					
	Have you ever been adjudged a bankrupt?					
	Yes No No					
f ye	s, provide details:					
5.	To your knowledge has any company or entity (including entities controlled by the holding company) for which you					
5	were an officer or director, trustee, investment committee member, key management employee or controlling tockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.					

NAIC No.:	93629 FEIN: 06-1050034
a. Bee ager	on refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing
Yes	No No
judic	its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any ial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership ervatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes	No No
c. Been civil,	placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any criminal, administrative, regulatory, or disciplinary action?
Yes	No (V)
If the answer should also in	to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant clude any events within twelve (12) months after his or her departure from the entity.
Note:If an affection parties	fiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an rovided.
Dated and sig under penalty of my knowle	aned this 10 78 day of 50 20 22 at 600 000 Cocompositive hereby certify of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best odge and belief.
I hereby a	acknowledge that I may be contacted to provide additional information regarding international searches.
	(Signature of Affiant)
	Olorado County of: Aragahoe
The foregoing lo th day of ∫	instrument was acknowledged before me by means of physical presence or online notarization, this array, 2022 by Rya Logsdo,, and: who is personally known to me, or who
	following identification:
[SEA	NOTARY ID 20204006431 MY COMMISSION EXPIRES 02/14/2024
	Printed Notary Name (2/ \U / \Qoungary \overline{\Quad \text{Notary Name}} My Commission Expires

NAIC No.: 93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Empower Holdings, LLC

8515 E. Orchard Road Greenwood Village, CO 80111

Vice President 06/23/2020 First Elected: 06/23/2020 Last Elected: 06/23/2020

Great West Capital Management, LLC 8515 E, Orchard Road Greenwood Village, CO 80111

Vice President, Counsel & Secretary 02/08/2016

First Elected: 02/08/2016 Last Elected: 04/16/2021

Great West Funds, Inc.

8515 E. Orchard Road Greenwood Village, CO 80111

Chief Legal Officer and Secretary 04/07/2021

First Elected: 04/07/2021 Last Elected: 04/07/2021

Great West Life & Annuity Insurance Company of New York

370 Lexington Ave New York, NY 10017

Secretary, Audit Committee 10/28/2020

First Elected: 10/28/2020 Last Elected: 10/28/2020

GWFS Equities, Inc.

8515 E. Orchard Road Greenwood Village, CO 80111

Vice President, Counsel & Secretary 05/01/2015

First Elected: 05/01/2015 Last Elected: 03/01/2021

London Life Insurance Company (U.S. Branch)

Associate General Counsel and Associate Secretary, U.S. Operations 05/23/2016

First Elected: 05/23/2016

Last Elected: 10/06/2017, merged into CLAC 01/01/2020

RW Merger Sub, Co. Vice President 06/23/2020 First Elected: 06/23/2020 Last Elected: 06/23/2020

The Canada Life Assurance Company (US Branch) 330 University Ave Toronto, Ontario, Canada M5G 1R8

Associate General Counsel and Associate Secretary, U.S. Operations 05/23/2016

First Elected: 05/23/2016 Last Elected: 10/06/2017

The Great West Life Assurance Company (US Branch) 100 Osborne Street North Winnipeg, Manitoba, Canada R3C 1V3

Associate General Counsel and Associate Secretary, U.S. Operations 05/23/2016

First Elected: 05/23/2016

Last Elected: 10/06/2017, merged into CLAC 01/01/2020

Signature of Affiant

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion: Form A: Acquisition UCAA Type: Not applicable Other: Not applicable Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Applicant Company Name: Prudential Retirement Insurance and Annuity Company Address: 280 Trumbull Street City: Hartford State/Province: CT Postal Code: 06103 Phone: 860-534-2000 In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First; Tina Middle: Marie 2. a. Are you a citizen of the United States? Yes ∏ √ No ∏ b. Are you a citizen of any other country? No T If yes, what country? 3. Affiant's occupation or profession: Product development 4. Affiant's business address: 8515 E Orchard Rd, Greenwood Village, CO 80111 Business Email: tina.wilson@empower-retirement.com Business telephone: (303) 737-2078 5. Education and training: Dates Attended <u>Degree</u> College/University City/State (MM/YY) Obtained University of Connecticut Storrs, CT 08/1988 - 05/1992 BS Dates Attended <u>Degree</u> **Graduate Studies** College/University City/State (MM/YY) **Obtained** Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained Chartered Financial Analyst N/A 01/1997-08/1999 **CFA**

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

NAIC No.: 93629	Name: Frudential Ret	rement insurance and An	FEIN: 06-1050034	
6. List of membersh	nips in professional so	cieties and associations	S:	
Name of Society/Association CFA Society Color	Con	tact Name	Address of Society/Association 12110 N Pecos St, Westmir	Telephone Number of Society/Association
CFA Institute			Charlottesvilla, VA	
7. Present or propos	ed position with the A	pplicant Company:	rirector	
Please list the mo telephone number the third-party ver	ntions, partnerships, c st recent first. Attach and supervisory infi rification process for i	wner of an entity, adraditional pages if the primation for the past tenternational employers	ars, whether compensated or oth ministrator, manager, operator, space provided is insufficient. It in (10) years. Additional information.	directorates or officerships
Dates (MM/YY):	I Drchard Rd	mployer's Name: Greenwood	d Village	CO
Country: USA	Postal Code: 8	20111 Phone: 303	State/Province: -737-2078 Offices/Positions He	Chief Product Officer
Type of Business:	Retirement Servi	Ces Superviso	or/Contact: Ed Murphy	10:
Beginning/Ending 02 Dates (MM/YY):	2/96 _08/19 _E	mplover's Name: Ma	ssachusetts Mutual Life I	nsurance
Address: 1295 Sta	te Street	City: Springfield	State/Province: -767-1000 Offices/Positions Hel	MA
Country: USA	Postal Code: 0	1111 Phone:	-767-1000 Offices/Positions Hel	Various
Type of Business: _	inancial Service	S Superviso	vr/Contact:	
Beginning/Ending Dates (MM/YY):		mployer's Name:		
Address:		_City:	State/Province: _	
			Offices/Positions Hel	
			r/Contact:	
Beginning/Ending				
			State/Province: _	
			Offices/Positions Held	
		Supervisor		

NAIC No.: 93629	FEIN: 06-1050034
9. a. Have you ever been in a position which required a fic	delity bond?
Yes No No	
If any claims were made on the bond, give details:	
b. Have you ever been denied an individual or position s	schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds you reasonably identifiable as your SSN, then write SSN represented by your SSN. (For example, "SSN", "12-SSN the space provided is insufficient. Organization/Issuer of License:	or licensing authority that you presently hold or have held in the and provide the name, address and telephone number of the nover the license (s) issued. If your professional license number are SSN or any sequence of more than five numbers that are for that portion of the professional license number that is N-345" or "1234-SSN" (last 6 digits)). Attach additional pages i
City: State/Province: CPD 1310	Country: Postal Code:
License Type: License #:	Date Issued (MM/YY): 07/04
Date Expired (MM/YY): Reason for Term	Country: Postal Code:
Non-Insurance Regulatory Phone Number (if known):	
Organization/Issuer of License: FINRA	Address:
City: State/Deciment	
License Type: Series 24 License #: CRD 13109	Date Issued (MM/VV)
Date Expired (MM/YY): Reason for Term	N/A
Non-Insurance Regulatory Phone Number (if known):	
	led or expunged, and the affiant has personally verified that the
a. Been refused an occupational, professional, or vocatio administrative, or governmental licensing agency? Yes No No	nal license or permit by any regulatory authority, or any public

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034
b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to a judicial, administrative, regulatory, or disciplinary action?
Yes No No
c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No No
d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No No
f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffenses?
Yes No No
g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judici administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another count regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices the course of the business of insurance, securities or banking?
Yes No No
h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No No
i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisio of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes \[\] No \[\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sq}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\end{\sqit{\sqrt{\sint{\sint{\sint{\sint{\sint{\sint{\sint{\sint{\sint{\sint{\sin}}
j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes No No
If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a cop of the complaint and filed adjudication or settlement as appropriate.

	IC No.: 93629 FEIN: 06-1050034
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term
	"control" (including the terms "controlling," "controlled by" and "under common control with") means the possession direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
No	one
_	
_	
If	any of the stock is pledged or hypothecated in any way, give details.
_	
_	
_	
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes No No
If y	res, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the standing voting securities.
_	
If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
	Yes No No
If y	es, provide details:
1.5	
13.	To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applicant Company Name; Prudential Retirement Ins NAIC No.: 93629	
TATE NO.: DOCES	FEIN: 06-1050034
a. Been refused a permit, license, or certifi agency?	cate of authority by any regulatory authority, or governmental-licensing
Yes No No	
Judicial, administrative, regulatory, or o	uthority suspended, revoked, canceled, non-renewed, or subjected to any disciplinary action (including rehabilitation, liquidation, receivership, ding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
 Been placed on probation or had a fine levi civil, criminal, administrative, regulatory, o 	ed against it or against its permit, license, or certificate of authority in any r disciplinary action?
Yes No No	
If the answer to any of the above is yes, please inc should also include any events within twelve (12) m	dicate and give details. When responding to questions (b) and (c), affiant nonths after his or her departure from the entity.
explanation provided.	y of an answer, the question should be answered in the positive and an 20 ²² at Green wood Villege Co. I hereby certify n behalf and that the foregoing statements are true and correct to the best
of my knowledge and belief.	n behalf and that the foregoing statements are true and correct to the best
I hereby acknowledge that I may be contacted to	provide additional information regarding international searches.
Signature of Affiant)	
State of: Coloredo County of: Ar	znahore
The foregoing instrument was acknowledged before	me by means of physical presence or online notarization, this
oroduced the following identification:	, and: who is personally known to me, or who
	 -
ABIANE FINSTER	4 =
Notary Public State of Colorado Notary ID # 20104058374	Notary Public
My Commission Expires 12-28-202	Printed Notary Name
	My Commission Expires

NAIC No.: 93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Advised Assets Group, LLC 8515 E. Orchard Road Greenwood Village, CO 80111 President & Chief Executive Officer 02/12/2020 First Elected: 02/12/2020 Last Elected: 05/19/2021 Manager 02/12/2020 First Elected: 02/12/2020 Last Elected: 02/12/2020

Advised Assets Group, LLC Executive Committee Committee Member 02/12/2020
First Elected: 02/12/2020 Last Elected: 05/19/2021

Great West Life & Annuity Insurance Company (also as Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111 Chief Product Officer 07/29/2020

First Elected: 07/29/2020 Last Elected: 07/26/2021

Great West Life & Annuity Insurance Company of New York 370 Lexington Ave Suite 703 New York, NY 10017 Senior Vice President and Chief Product Development Officer 10/28/2020

First Elected: 10/28/2020 Last Elected: 10/28/2020

Signature of Affiant

21/22

Applicant Company Name: Prudential Retirement Insurance and Annuity Company FEIN: 06-1050034 NAIC No.: 93629

Uniform Certificate of Authority Application (UCAA) **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion: UCAA Type: Not applicable Other: Not applicable Form A: Acquisition Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Applicant Company Name: Prudential Retirement Insurance and Annuity Company Address: 280 Trumbull Street City: Hartford State/Province: CT Phone: 860-534-2000 In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Vanessa Middle: Cornish Last: Barker 2. a. Are you a citizen of the United States? Yes No No b. Are you a citizen of any other country? If yes, what country? 3. Affiant's occupation or profession: Accounting 4. Affiant's business address: Greenwood Village: CO 20111 Business telephone: 303-737-1893 Business Email: vanessa.barker@empower-retirement.com 5. Education and training: Dates Attended <u>Degree</u> College/University City/State (MM/YY) Obtained University of Colorado at Boulder Boulder, Colorado BSBA Business Admin 08-1985 - 05/1989 Dates Attended <u>Degree</u> Graduate Studies College/University City/State (MM/YY) Obtained Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Al NAIC No.: 93629	FEIN: 06-1050034	
6. List of memberships in professional societies and association	ns:	
Name of Contact Name Society/Association N/A	Address of Society/Association	Telephone Number of Society/Association
7. Present or proposed position with the Applicant Company:	Treasurer	
8. List complete employment record for the past twenty (20) y present jobs, positions, partnerships, owner of an entity, at Please list the most recent first. Attach additional pages if the telephone numbers and supervisory information for the past the third-party verification process for international employer	dministrator, manager, operator, e space provided is insufficient. ten (10) years. Additional inform rs.	directorates or officerships). It is only necessary to provide
Beginning/Ending 10/20 _ Present Employer's Name: En	npower Retirement	
Address: 8515 E Orchard Rd 7T2 City: Greenwood	Village State/Province	co
Address: 8515 E Orchard Rd 7T2 City: Greenwood Country: USA Postal Code: 80111 Phone: 30	03-737-1893 Offices/Positions H	VP Financial Accounting
Type of Business: Retirement Services Supervision	sor/Contact: Kara Roe	
Beginning/Ending 10/19 - 10/20 Employer's Name: Eli	assen Group	
Address: 6161 S Syracuse Way Suite 240 City: Greenwood	Village State/Province	co
Address: 6161 S Syracuse Way Suite 240 City: Greenwood Country: USA Postal Code: 80111 Phone: 72	20-480-1986 Offices/Positions H	eld: Consultant
	sor/Contact: Cindy McGinley	
Beginning/Ending 06/15 _ 10/18 Employer's Name: Wo	orldpay/FIS	
Address: 4610 S Ulster St Suite 600 City: Denver	State/Province:	СО
Country: USA Postal Code: 80237 Phone: 41		
Type of Business: Credit Card Processing Supervision	sor/Contact: Joy Whinery	
Beginning/Ending 11/11 06/15 Dates (MM/YY): Employer's Name: Inte	egrated Properties	
Address: 1550 Market Street Suite 400 City: Denver	State/Province:	со
Country: USA Postal Code: 80202 Phone: 61		
Type of Business: Property Management Supervision	sor/Contact Jordan Deifik	

NAIC No.: 93629	FEIN: 06-1050034
9. a. Have you ever been in a position which required a	fidelity bond?
Yes No No	
If any claims were made on the bond, give details:	
Yes No No	n schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
governmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identi licensing authority or regulatory body having jurisdicti is your Social Security Number (SSN) or embeds your social identifiable as your SSN, then write SS	enses (including licenses to sell securities) issued by any public or or licensing authority that you presently hold or have held in the fy and provide the name, address and telephone number of the ion over the license (s) issued. If your professional license number your SSN or any sequence of more than five numbers that are SN for that portion of the professional license number that is SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
	Country: USA Postal Code: 802020
	Date Issued (MM/YY): 02/92
Date Expired (MM/YY): Active Reason for Te	
Non-Insurance Regulatory Phone Number (if known): 303-	-894-7800
Organization/Issuer of License:	Address:
City: State/Province:	Country: Postal Code:
License Type:License #:	Date Issued (MM/YY):
	ermination:
	sealed or expunged, and the affiant has personally verified that the
 a. Been refused an occupational, professional, or voca administrative, or governmental licensing agency? Yes No No 	ational license or permit by any regulatory authority, or any public

		Prudential Retirement Insurance and Annuity Company
NAIC	No.: 93629	FEIN: 06-1050034
b.	Had any occupation judicial, administra	onal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
	Yes [No V
c.	permit in any judici	bation or had a fine levied against you or your occupational, professional, or vocational license or al, administrative, regulatory, or disciplinary action?
	Yes L	No []
d.	Been charged with,	or indicted for, any criminal offense(s) other than civil traffic offenses? No No No No No No No No
e.	Pled guilty, or nolo	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
f.	Had adjudication suspended, or been offenses?	of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence a pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes	No [V]
g.	administrative, regulating the busin	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, alatory, or disciplinary action, from violating any federal, state law or law of another country tess of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking?
	Yes	No [V]
h.	Been, within the la dispute?	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	Yes	No [V]
i.	of small loan laws	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government?
i.	Had a lien or forecle	osure action filed against you or any entity while you were associated with that entity?
,		No [
If the r	esponse to any quest	ion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy
of the o	complaint and filed a	djudication or settlement as appropriate.
_		

	plicant Company Name: Prudential Retirement Insurance and Annuity Company IC No.: 93629 FEIN: 06-1050034
12. N/	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
If	any of the stock is pledged or hypothecated in any way, give details
If y	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No
If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
If y	Yes No No No Provide details:
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

NAIC No.: 93629	/ Name: Frudential Retirement insulance and Annua	FEIN: 06-1050034
a. Been refus agency?	ed a permit, license, or certificate of authori	ty by any regulatory authority, or governmental-licensing
Yes	No No	
judicial, ad	lministrative, regulatory, or disciplinary ac	ded, revoked, canceled, non-renewed, or subjected to any tion (including rehabilitation, liquidation, receivership, lvency, supervision or any other similar proceeding)?
Yes	No V	
c. Been placed civil, crimin	l on probation or had a fine levied against it or al, administrative, regulatory, or disciplinary a	against its permit, license, or certificate of authority in any ction?
Yes [N₀ [✓]	
If the answer to any should also include a	y of the above is yes, please indicate and give any events within twelve (12) months after his	details. When responding to questions (b) and (c), affiant or her departure from the entity.
	37	1
Note:If an affiant ha	as any doubt about the accuracy of an answe	er, the question should be answered in the positive and an
Dated and signed thi under penalty of per of my knowledge an	is 10th day of Tank way 20 2 jury that I am acting on my own behalf and the d belief.	at Engower Green and Villy hereby certify hat the foregoing statements are true and correct to the best
I hereby acknow	vledge that I may be contacted to provide addit	ional information regarding international searches.
Vanen	Bark	
_	nature of Affiant)	
	do County of: Arapahoc	
		of physical presence or online notarization, this
produced the follow	-	and: who is personally known to me, or who
produced the follows	mg raciniteation.	·
	ALYSSA MELTON NOTARY PUBLIC	ally mut
[SEAL]	STATE OF COLORADO	Notary Public
	NOTARY ID 20204006431 MY COMMISSION EXPIRES 02/14/2024	Printed Notary Name
		My Commission Expires

Applicant Company Name	Prudential Retirement Insurance and Annuity Company
------------------------	---

NAIC No.: 93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Beginning/Ending Dates: 03/1996-08/2010 Employer's Name: First Data (now Fisery)

Address: 5775 DTC Blvd Greenwood Village, CO USA 80111

Offices/Positions Held: VP Finance, Director/Senior Manager Financial Reporting

Type of Business: Credit Card Processing

Signature of Affiant