Investment Option Change Request 401(k) Plan



Do not complete this form if you elected to have your account professionally managed by Advised Assets Group, LLC ("AAG").

State of Tennessee 401(k) Plan					
Participant Information					
Last Name	First Name	MI	Social Security Number		
			Account Extension (if applicable)		

Investment Option Information - You may make only one transfer per Investment Option Change Request form submitted. Refer to your marketing communication materials for investment option designations. Further, you understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

(A) IANGE FUTURE ONTRIBUTIONS	•		(B) <u>TRANSFER EXISTING</u> <u>INVESTMENT OPTIONS</u>	
	INVESTMENT OPTIONS (applies to all money types)	INVESTMENT OPTION CODE	TRANSFER FROM	TRANSFER TO
%	Vanguard Target Retirement Income Inv	VTINX	%	%
%	Vanguard Target Retirement 2010 Inv	VTENX	%	%
%	Vanguard Target Retirement 2015 Inv	VTXVX	%	%
%	Vanguard Target Retirement 2020 Inv	VTWNX	%	%
%	Vanguard Target Retirement 2025 Inv	VTTVX	%	%
	Vanguard Target Retirement 2030 Inv	VTHRX	%	%
%	Vanguard Target Retirement 2035 Inv	VTTHX	%	%
%	Vanguard Target Retirement 2040 Inv	VFORX	%	%
	Vanguard Target Retirement 2045 Inv	VTIVX	%	%
%	Vanguard Target Retirement 2050 Inv	VFIFX	%	%
%	Vanguard Target Retirement 2055 Inv	VFFVX	%	%
%	DFA International Value Fund I	DFIVX	%	%
%	Fidelity International Discovery Fund	FIGRX	%	%
%	Fidelity Stock Selector Small Cap	FDSCX	%	%
%	Invesco Van Kampen Small Cap Value Y	INGMS2	%	%
%	Columbia Acorn Z	INGCAC	%	%
%	Columbia Mid Cap Value Z	INGCMC	%	%
%	Allianz NFJ Large Cap Value Instl	INGALG	%	%
_%	Fidelity Contrafund	FD-CNT	%	%
%	Fidelity OTC Portfolio	FD-OTC	%	%
%	Vanguard Institutional Index Fund	VG-IND		
%	Fidelity Puritan Fund	FD-PUR		
	Calvert Income Fund	CINCX		
%	Vanguard Total Bond Market Index - Inst.	VBTIX		
	ING Fixed Fund	AEF-FX		
	Nationwide Bank Account	TN-NBA		

MUST INDICATE WHOLE PERCENTAGES = 100%

= 100%

Last Name	First Name	MI	Social Security Number
Last Name	Tilst Name	IVII	Social Security Number
dvised Assets Group, LLC	("AAG")		
f you have not yet elected t ervice, call KeyTalk [®] at 1-8		essionally managed	d by AAG and would like to enroll in the Managed Accounts
Participation Agreement			
			ofessionally managed by Advised Assets Group, LLC and this ers requested on this form until such time as I revoke or amend
Transfer Restrictions - You nvestment option(s) and/or you		er request may be	subject to certain transfer restrictions imposed by the relevant
	received after 4:00 p.m.	Eastern Time will	ider up to 4:00 p.m. Eastern Time will be considered received l be considered received the next business day. The changes Service Provider.
nvestment of Future Contri	butions - Complete Section	on (A) to change fu	uture payroll contributions.
ransfer of Existing Options	s - Complete Section (B)	to transfer existing	investments.
			to another investment option(s) by marking the percent (on the marked TRANSFER FROM .
			er the column marked TRANSFER TO . Your selections must option that is having assets transferred out of it.
cknowledge that all payment hay fluctuate, and, upon red information, including prospe	s and account values, who emption, shares may be we ctuses and/or other disclo- more than one plan (i.e.,	en based on the ex worth more or less osure documents, h	bject to the terms of the Plan Document. I understand and perience of the investment options, may not be guaranteed and than their original cost. I acknowledge that investment option ave been made available to me and I understand the risks of a governmental 457(b) plan) and I wish to change investments
rrors. Corrections will be ma alendar quarter. Thereafter, a	nde only for errors which account information shall l	I communicate to be deemed accurate	all confirmations and quarterly statements for discrepancies or Service Provider within 90 calendar days of the end of the last e and acceptable to me. If I notify Service Provider of an error notification forward and not on a retroactive basis.
1 3 61 1 3 6			

Required Signature - My signature acknowledges that I have read, understand and agree to the provisions of this Investment Option Change Request form. I affirm that all information that I have provided is true and correct.

Participant Signature	Date

Participant forward to Service Provider at: Great-West Retirement Services® PO Box 173764, Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-800-922-7772 1-866-745-5766 Fax #:

Great-West Retirement Services refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.