



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

98986-02

Participant Information

Form fields for Last Name, First Name, MI, Social Security Number, and 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) CHANGE FUTURE CONTRIBUTIONS

(B) TRANSFER EXISTING INVESTMENT OPTIONS

Table with 5 columns: INVESTMENT OPTIONS (applies to all money types), INVESTMENT OPTION CODE, TRANSFER FROM, and TRANSFER TO. Lists various Vanguard and Fidelity funds with percentage input fields.

= 100%

MUST INDICATE WHOLE PERCENTAGES = 100%



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

**Advised Assets Group, LLC ("AAG")**

If you have not yet elected to have your account professionally managed by AAG and would like to enroll in the Managed Accounts Service, call KeyTalk® at 1-800-922-7772.

**Participation Agreement**

**Advised Assets Group, LLC** - If I have elected to have my account professionally managed by Advised Assets Group, LLC and this form is submitted, my prior election will override any allocations or transfers requested on this form until such time as I revoke or amend my election.

**Transfer Restrictions** - Your investment option transfer request may be subject to certain transfer restrictions imposed by the relevant investment option(s) and/or your Plan Document.

**General Information** - Requests received in good order by Service Provider up to 4:00 p.m. Eastern Time will be considered received that same day. Any request received after 4:00 p.m. Eastern Time will be considered received the next business day. The changes requested on this form will not be initiated until received in good order by Service Provider.

**Investment of Future Contributions** - Complete **Section (A)** to change future payroll contributions.

**Transfer of Existing Options** - Complete **Section (B)** to transfer existing investments.

Indicate the percentage of the investment option you would like to move to another investment option(s) by marking the percent (on the same line as the investment option you want to move from) in the column marked **TRANSFER FROM**.

Indicate the percentage next to the appropriate investment option(s) under the column marked **TRANSFER TO**. Your selections must total 100%. Also, note that assets cannot be transferred into an investment option that is having assets transferred out of it.

**Investment Options** - I understand and agree that my account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses and/or other disclosure documents, have been made available to me and I understand the risks of investing. If I have assets in more than one plan (i.e., a 401(k) plan and a governmental 457(b) plan) and I wish to change investments for each plan, I will need to complete separate forms.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate to Service Provider within 90 calendar days of the end of the last calendar quarter. Thereafter, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**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  
**Fax #:** 1-866-745-5766

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.