



**Incoming Transfer/Direct Rollover
Governmental 457(b) Plan**

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by 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 1-800-922-7772.

State of Tennessee 457 Plan

98986-01

Participant Information

Last Name			First Name			MI			Social Security Number												
Address - Number & Street												E-Mail Address									
City				State				Zip Code				Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()						()						Date of Birth									
Home Phone						Work Phone															

Payroll Information

Payroll Center Name - State Payroll Frequency - Monthly Allotment/Campus Code _____
 TBR Semi-Monthly
 UT Bi-Weekly

Transfer/Direct Rollover Information

Current Plan Administrator must authorize by signing in the Authorized Signature(s) section.

I am choosing a:

- Transfer from a governmental 457(b) plan.
- Direct Rollover from a governmental 457(b) plan.

Previous Provider Information:

Company Name						Account Number									
Mailing Address												()			
City/State/Zip Code						Phone Number									

Previous Provider must complete:

Employer/employee before-tax earnings and contributions: \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Authorized Plan Administrator Signature for Previous Employer's Plan **Date**

A copy of the most recent account statement may be substituted for the previous Plan Administrator's signature if it lists the type of plan and shows that no after-tax monies are held in the account.

Amount of Transfer/Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

- I wish to allocate this transfer/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options



Last Name	First Name	MI	Social Security Number		
<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)		<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	
Allianz NFJ Large Cap Value Instl	INGALG _____%		Vanguard Target Retirement Income Fund	VTINX _____%	
Fidelity Small Cap Independence	FDSCX _____%		Vanguard Target Retirement 2010 Fund	VTENX _____%	
Columbia Acorn Z	INGCAC _____%		Vanguard Target Retirement 2015 Fund	VTXVX _____%	
Columbia Mid Cap Value Z	INGCMC _____%		Vanguard Target Retirement 2020 Fund	VTWNX _____%	
Calvert Income Fund	CINCX _____%		Vanguard Target Retirement 2025 Fund	VTTVX _____%	
DFA International Value Fund I	DFIVX _____%		Vanguard Target Retirement 2030 Fund	VTHRXX _____%	
Fidelity Puritan Fund	FD-PUR _____%		Vanguard Target Retirement 2035 Fund	VTTTHX _____%	
Fidelity International Discovery Fund	FIGRX _____%		Vanguard Target Retirement 2040 Fund	VFORX _____%	
ING Fixed Plus Account	AEF-FX _____%		Vanguard Target Retirement 2045 Fund	VTIVX _____%	
Fidelity Retirement Govt Money Market Fd	FD-RGV _____%		Vanguard Target Retirement 2050 Fund	VFIFX _____%	
Fidelity Contrafund	FD-CNT _____%		Vanguard Total Bond Market Index Signal	VBTSX _____%	
Fidelity Magellan Fund	FD-MAG _____%		SSgA S&P 500 Idx Sec Lending Series II	SV-SPC _____%	
Fidelity OTC Portfolio	FD-OTC _____%		Regions Bank	UP-UPB _____%	
Morgan Stanley Inst US Small Cap Value I	INGMSC _____%				
			MUST INDICATE WHOLE PERCENTAGES		= 100%

Participant Acknowledgements

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 election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

General Information - I understand that any funds I elect to have remitted to Great-West Retirement Services® will be invested in the State of Tennessee's 457 Plan.

I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan specified in the above section. I understand and agree that this account is subject to the terms of the Plan Document.

I understand that charges and fees may be imposed under the current Provider's contract, and that Great-West Retirement Services® may impose certain charges and fees.

I understand that the current Provider may require that I furnish additional information before processing the transaction requested on this form and that Great-West Retirement Services® is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Provider with any information that they may require to affect the transaction.

Mutual Funds/Variable Funding Option Information - I understand and acknowledge that all payments and account values, when based on the experience of a mutual fund/variable funding option, are not guaranteed, and the value of my investment(s) in any mutual fund/variable funding option will fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I understand that I may obtain current prospectus(es) from www.treasury.state.tn.us/dc/, under Investment Options.

Plan Withdrawal Restriction Acknowledgement - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on distributions.

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 within 90 calendar days of the last calendar quarter. After this 90 days, 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.

Payment Instructions

Make check payable to:
ORCHARD TRUST COMPANY, LLC

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:
Bank: US Bank
Account of: Orchard Trust Company, LLC
Account no: 103655774323
Routing transit no: 102000021
Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):
ORCHARD TRUST COMPANY, LLC
Dept 0877
Denver, CO 80256-0877

Overnight mail address for the check and form (if mailed together):
US Bank
10035 East 40th Avenue
Dept #0877
Denver, CO 80238
Contact: Great-West Retirement Services®
Phone #: 1-800-922-7772

If sending the "form" only, please fax to 1-866-745-5766 or follow the mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

Last Name

First Name

MI

Social Security Number

Required Signature(s) and Date

Participant Consent

I understand that only distributions from governmental 457 plans are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment. I also understand it is my obligation to review my confirmations and quarterly statements and inform Great-West Retirement Services® of any discrepancies or errors within 90 calendar days of the date of such confirmation.

I understand that the following conditions are necessary to process the allocations in this Incoming Transfer/Direct Rollover form: the completed Incoming Transfer/Direct Rollover must be received by Great-West Retirement Services® home office in Greenwood Village, Colorado and must be approved by the new Plan Administrator.

I understand that if the transfer/rollover assets ("assets") are received before the Incoming Transfer/Direct Rollover form, or if the Authorized Plan Signature is missing from the Incoming Transfer/Direct Rollover form, the assets will be returned to the payor or retained by Great-West until the completed Incoming Transfer/Direct Rollover form is provided. If the investment option information is missing or incomplete, the assets will be allocated the same as my ongoing contributions. The assets will be processed on the day the completed Incoming Transfer/Direct Rollover form is received. If my assets are received more than 180 calendar days after Great-West receives my Incoming Transfer/Direct Rollover form, all monies received will be allocated the same as my ongoing allocation election on file with Great-West and I will need to call KeyTalk® or access the Web site to make changes.

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Participant forward to Service Provider at the address below

Authorized Plan Approval

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

**Authorized Plan Signature for
State of Tennessee 457 Plan**

Date

Great-West Retirement Services®
545 Mainstream Drive, Suite 407
Nashville, TN 37228
Phone #: 1-800-922-7772
Web site: www.tn.gov/treasury/dc

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.