



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				
()						()						Date of Birth			<input type="checkbox"/> Female			<input type="checkbox"/> Male		
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 contributions and earnings: \$ _____

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

<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 2050 Fund	VFIFX	_____ %
Fidelity Puritan Fund	FD-PUR	_____ %	Vanguard Target Retirement 2045 Fund	VTIVX	_____ %
Calvert Income Fund	CINCX	_____ %	Vanguard Target Retirement 2040 Fund	VFORX	_____ %
Columbia Acorn Z	INGCAC	_____ %	Vanguard Target Retirement 2035 Fund	VTTHX	_____ %
Columbia Mid Cap Value Z	INGCMC	_____ %	Vanguard Target Retirement 2030 Fund	VTHRXX	_____ %
DFA International Value Fund I	DFIVX	_____ %	Vanguard Target Retirement 2025 Fund	VTTVX	_____ %
Fidelity Small Cap Independence	FDSCX	_____ %	Vanguard Target Retirement 2020 Fund	VTWNX	_____ %
Fidelity Retirement Govt Money Market Fd	FD-RGV	_____ %	Vanguard Target Retirement 2015 Fund	VTXVX	_____ %
Fidelity International Discovery Fund	FIGRX	_____ %	Vanguard Target Retirement 2010 Fund	VTENX	_____ %
Morgan Stanley Inst US Small Cap Value I.....	INGMSC	_____ %	Vanguard Target Retirement Income Fund	VTINX	_____ %
Fidelity Contrafund	FD-CNT	_____ %	State Street S & P 500 Flagship Series C.....	SV-SPC	_____ %
Fidelity Magellan Fund	FD-MAG	_____ %	ING Fixed Plus Account	AEF-FX	_____ %
Fidelity OTC Portfolio	FD-OTC	_____ %	Regions Bank	UP-UPB	_____ %
Vanguard Total Bond Market Index Signal.....	VBTSX	_____ %			
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.

Last Name

First Name

MI

Social Security Number

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
3550 Rockmont Dr
Mail Stop DN-CO-OCLB Dept #0877
Denver, CO 80202
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.

Your Consent and Signature - 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 Signature(s)

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

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