

457 Incoming Plan to Plan Transfer

Commonwealth of Virginia Deferred Compensation Plan

98987-01

Participant Information

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

Transfer/Direct Rollover Information

I am transferring from my previous employer's governmental 457(b) plan.

Previous provider must complete:

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

Employee before-tax contributions and earnings \$ _____ (Enter approximate amount if exact amount is not known.)

Authorized Plan Administrator/Trustee Signature **Date**
For Previous Employer's Plan

Investment Option Information – For additional information regarding the below investment options, please refer to your marketing communication materials.

		<u>Investment Option</u>	<u>Code</u>
Tier 1	_____ %	Income & Growth Fund	VS-GIF
Asset Allocation Funds	_____ %	Balanced Growth Fund	VS-BGF
	_____ %	Long-Term Growth Fund	VS-LTG
	_____ %	VRSIP Interim Account	IAVRS
Tier 2	_____ %	Bond Index Fund	VS-BIF
Passively Managed Funds	_____ %	S & P 500 Index Fund	VS-500
	_____ %	Russell 1000 Value Index Fund	VS-RVF
	_____ %	Russell 1000 Growth Index Fund	VS-RGF
	_____ %	Small/Mid Cap Equity Index Fund	VS-SMI
	_____ %	International Equity Index Fund	VS-IEI
	_____ %	Real Estate Investment Trust Index Fund	VS-REI



Last Name

First Name

MI

Social Security Number

Payment Instructions – (For Previous Employer’s Plan Only)

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: 1-866-226-6682

If sending the "form" only, please fax to 1-866-745-5766 or follow mailing instructions above. **Please also fax a wire notification form to Great-West Retirement Services® at (303) 737-5689.** To expedite receipt of funds, wire monies as indicated 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.