457 PLAN TO PLAN TRANSFER REQUEST (outgoing)
(all assets will be transferred)
The Commonwealth of Virginia Deferred Compensation Plan is an eligible 457(b) Plan under Internal Revenue Code rules.

PLAN NAME	PLAN NUMBER
COMMONWEALTH OF VIRGINIA DEFERRED COMPENSATION PLAN	98987−01

PARTICIPANT INFORMATION — Must be completed

Last Name / First Name / MI

Address − Number & Street

City / State / Zip Code

☐☐☐-☐☐-☐☐☐☐
Social Security Number

( ) Home Phone

( ) Work Phone

IMPORTANT INFORMATION

If you have investments in the self−directed brokerage account, you will need to contact CSFB*direct* and have all funds transferred to the core investment options (non−self−directed investment options). See the Information section.

TRANSFER — Must be completed

ONCE YOUR TRANSFER HAS BEEN PROCESSED, IT CANNOT BE CHANGED.

NEW EMPLOYER INFORMATION

Name of New Employer

Contact Name

Contact Phone Number

The undersigned verifies that the employer's Plan is an eligible 457(b) Plan and agrees to accept the amount remitted as a contribution to the new 457(b) Plan.

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

Financial institution check should be payable to:

FINANCIAL INSTITUTION MAILING INSTRUCTIONS

MAILING ADDRESS:

Name of Financial Institution

Address − Number & Street

City State Zip Code

NEW ACCOUNT INFORMATION:

Account Number (if available)

Name on Account

Participant forward to:
Great−West/BenefitsCorp
1108 East Main St.
Richmond, VA 23219

Phone#: 1−866−226−6682

INFORMATION

INCOMPLETE OR INACCURATE INFORMATION – In the event any section of this form is incomplete or inaccurate, the transaction requested on this form may not be processed and you may be required to complete a new form or provide additional information before the distribution can be processed.

THE COMMONWEALTH OF VIRGINIA DEFERRED COMPENSATION PLAN is an eligible 457(b) Plan under IRC ("Internal Revenue Code") rules.

CHANGES TO THIS REQUEST – If you need to cross out any information, you MUST initial the change to validate the change or the request may be returned for verification.

SELF–DIRECTED BROKERAGE (SDB) ACCOUNT NOTICE – If you have the self–directed brokerage account, it is your responsibility to contact CSFB*direct* to transfer the SDB funds to the core investments (non–self–directed brokerage investments). Great–West/BenefitsCorp will only transfer funds held in the core investments to the new employer per this request. It is recommended that your CSFB*direct* account be completely closed before forwarding this form to Great–West/BenefitsCorp for processing.

If monies remain in your SDB account at the time the request for payment is received, we will distribute the amount in the core investments immediately and then request that the SDB account be liquidated and transferred into the core investments in accordance with your Plan's contract or Letter of Instruction. The transfer will take 2–3 business days. Once transferred into the core investments, the remaining funds will be distributed within 2–3 business days.

REQUIRED SIGNATURES **Must be completed**

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have read, understand and agree to all pages of this Plan to Plan Transfer Request form, and affirm that all information that I have provided is true and correct. I understand that it is entirely my responsibility to ensure that this election conforms with all applicable provisions of the IRC.

☞ _____ _____

Participant Signature **Date**

DO NOT COMPLETE – Great–West/BenefitsCorp will obtain proper VRS signature.

_____ _____

Employee Name (please print) Date of Separation from Service

I certify that the above–stated date of separation from service is accurate.

_____ _____

Signature of Authorized VRS Representative Date Signed