

### Incoming Transfer/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 1-800-634-5091.

### Texas\$aver 457 Plan

98960-02

#### 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		
Home Phone		Work Phone		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		Date of Birth	

#### Transfer/Rollover Information

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

**Before investing your transfer or rollover contribution, Empower Retirement ("Service Provider") must first receive all required documentation and approve your transfer or rollover request. Transfers or Rollover contributions received before approval is granted will not be invested until after approval is granted. The amount received before this form is approved may be returned to the issuer. See enclosed Step-by-Step Instructions for Transfers or Rollover Contributions.**

☐ **I am choosing a Direct Rollover from a:**

- ☐ Qualified 401(a) Plan (Profit Sharing or Money Purchase)
- ☐ Qualified 401(k) Plan
  - ☐ Non-Roth \$ (all contributions and earnings, excluding Roth contributions and earnings)
  - ☐ Roth \$ (employee contributions and earnings)
- ☐ 403(b) Plan
  - ☐ Non-Roth \$ (all contributions and earnings, excluding Roth contributions and earnings)
  - ☐ Roth \$ (employee contributions and earnings)
- ☐ Governmental 457(b) Plan
  - ☐ Non-Roth \$ (all contributions and earnings, excluding Roth contributions and earnings)
  - ☐ Roth \$ (employee contributions and earnings)
- ☐ Traditional IRA (Non-deductible contributions/basis may not be rolled over)

☐ **I am choosing a Regular 60-Day Rollover from a:**

- ☐ Qualified 401(a) Plan (Profit Sharing or Money Purchase)
- ☐ Qualified 401(k) Plan
- ☐ 403(b) Plan
- ☐ Governmental 457(b) Plan
- ☐ Traditional IRA (Non-deductible contributions/basis may not be rolled over)

**A copy of the Original Distribution Check Stub must be attached.**

#### Previous Provider Information:

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

☐ **I am choosing a Plan-to-Plan Transfer from another governmental employer's eligible 457(b) Deferred Compensation Plan**

**For Transfers, previous provider must complete and sign or attach documentation on previous provider's letterhead:**

Employer contributions: \$                      Employer earnings: \$

Before-Tax employee contributions: \$                      Before-tax employee earnings: \$

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

Roth first contribution date:                      Roth contributions (no earnings): \$

Previous Provider (Print Name)                      Previous Provider Signature                      Date

## Required Documentation

Indicate the required documents enclosed:

### ☐ For Rollovers from an IRA

- ☐ Most recent Account Statement or Final Distribution Statement from IRA provider showing the Internal Revenue Code (i.e. Traditional IRA or 408).

### ☐ For Rollovers from All Eligible Plans

- ☐ Most recent Account Statement or Final Distribution Statement from previous employer's Plan showing the Internal Revenue Code, Plan Name, and if applicable, Roth first contribution date and Roth contribution amounts.

If the Internal Revenue Code, Plan Name, and if applicable, Roth first contribution date and Roth contribution amounts are not reflected on this account statement, ALSO obtain the following certification and the signature of the Plan Administrator of the distributing Plan.

The name of the distributing Plan is: \_\_\_\_\_  
(hereinafter referred to as the "Plan").

The Plan Administrator of the Plan certifies to the best of their knowledge that:

- (1) The Plan is designed or intended to be and meets the requirements of (please check one):

- ☐ Qualified 401(a) Plan  
☐ Qualified 401(k) Plan  
☐ 403(b) Plan  
☐ Governmental 457(b) Plan

- (2) To the extent applicable, consent requirements have been satisfied prior to a rollover.

- (3) The amounts are eligible for rollover as described in Code Section 402(c).

- (4) Amount of Rollover \$ \_\_\_\_\_ (Enter approximate amount if exact amount is not known).

- (5) For Rollovers from designated Roth accounts:

Roth first contribution date: \_\_\_\_\_

Roth contributions (no earnings): \$ \_\_\_\_\_

Authorized Plan Administrator/Trustee

Signature for Previous Employer's Plan: \_\_\_\_\_

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

### ☐ For Transfers from another Provider under this Plan

- ☐ Most recent Account Statement from another investment provider showing the Internal Revenue Code and this Plan Name. The previous provider must also complete the money type information in the Transfer/Rollover Information section.

## 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.

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 1-800-634-5091.

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

Please Note: For automatic dollar-cost averaging, call the Voice Response System or access our Web site.

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
LifePath Index Retirement Fund F.....	N/A 02TX10	_____	Fidelity Diversified International Fund.....	FDIVX FD-DIV	_____
LifePath Index 2020 Fund F.....	N/A 02TX01	_____	Lord Abbett Small-Cap Value I.....	LRSYX LRSYX	_____
LifePath Index 2025 Fund F.....	N/A 02TX02	_____	First Eagle Fund of America Y.....	FEAFX FEAFF	_____
LifePath Index 2030 Fund F.....	N/A 02TX03	_____	Victory Munder Mid Cap Core Growth Y.....	MGOYX MGOYX	_____
LifePath Index 2035 Fund F.....	N/A 02TX04	_____	Davis New York Venture A.....	NYVTX DV-NYV	_____
LifePath Index 2040 Fund F.....	N/A 02TX05	_____	Vanguard Growth Index I.....	VIGIX VIGIX	_____
LifePath Index 2045 Fund F.....	N/A 02TX06	_____	Vanguard Institutional Index Instl Pl.....	VIIIX VIIIX	_____
LifePath Index 2050 Fund F.....	N/A 02TX07	_____	Vanguard Wellington Adm.....	VWENX VWENX	_____
LifePath Index 2055 Fund F.....	N/A 02TX08	_____	BlackRock 1-3 Year Govt Bond Index F.....	N/A 06TXB2	_____
LifePath Index 2060 Fund F.....	N/A 02TX09	_____	BlackRock Bond Index Fund.....	N/A 10BDI2	_____
AB All Mkt Real Return I.....	AMTIX AMTIX	_____	BlackRock Short Term Investment W.....	N/A BRMMFW	_____
			MUST INDICATE WHOLE PERCENTAGES = 100%		

Last Name	First Name	MI	Social Security Number
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## 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 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 only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing this form, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment. I authorize these funds to be transferred/rolled into my employer's Plan and to be invested according to the information specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the transfer/rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an investment election on file). If no default investment option is selected by the Plan, the funds will be returned to the payor as required by law. If additional transfer/rollover assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my most recent investment election on file with Service Provider. I understand I must call the Voice Response System at 1-800-634-5091 or access the Web site at [www.texasaver.com](http://www.texasaver.com) in order to make changes or transfer monies from the default investment option. I understand that this completed form must be received by Service Provider at the address provided on this form. Assets will not be invested until after approval is granted. Forms and documentation received after market close will be reviewed for approval the following business day.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

**Withdrawal Restrictions** - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on transfers, rollovers and/or distributions. I understand that I must contact the Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make transfers or rollovers.

**Investment Options** - 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, disclosure documents, and fund profile sheets have been made available to me and I understand the risks of investing.

**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 365 calendar days of the last calendar quarter. After this 365 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 365 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Outstanding Loan Balance** - An outstanding loan balance cannot be included in the transfer/rollover. However, you may pay off the outstanding loan balance *before* this transfer/rollover is submitted. After the loan is paid off, you may submit this transfer/rollover request. If you do not pay off the outstanding loan balance, you may transfer/rollover only the cash value (not including the loan) from the contract that has the outstanding loan.

## Required Signature(s) and Date

### Participant Consent

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Rollover form. I affirm that all information provided is true and correct. If a Rollover is requested, I certify that: 1) I was entitled to a distribution as a participant, not as a beneficiary; 2) the distribution was neither one of a series of periodic payments or required minimum distribution nor a hardship distribution; 3) the rollover contribution is being made to the Plan within 60 days from the date I received my distribution; 4) the entire amount being rolled over would be included in my income if it were not being rolled over; and 5) that the entire amount is being rolled over from an "eligible retirement plan" within the meaning of Code Section 402. If a Transfer is requested, I certify that the Transfer is coming from another investment provider within the same employer's Plan. 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.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

### Participant Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

### Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

## Step-by-Step Instructions for Transfer or Rollover Contributions

### Participant Instructions

Texasaver 457 Plan offers you the opportunity to “roll over” the distribution you receive from your previous employer’s Plan or your IRA or “transfer” the assets from a previous provider under this Plan. The following information and instructions are designed to help you through this process. If you have any questions, contact the Voice Response System at 1-800-634-5091.

#### Determine Whether Your Contribution is a Transfer or a Direct Rollover or a Regular 60-Day Rollover

##### Transfer/Direct Rollover

Return this Incoming Transfer/Rollover form (fully completed),  
*plus*, required supporting documentation (see Required Documentation section) to:

Regular Mail Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

Overnight Express 8515 East Orchard Road  
Greenwood Village, CO 80111

Phone 1-800-634-5091

Fax 1-866-745-5766

##### Regular 60-Day Rollover

Return this Incoming Transfer/Rollover form (fully completed),  
*plus*, copy of stub from other investment provider/company’s distribution check,  
*plus*, required supporting documentation (see Required Documentation section) to:

Regular Mail Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

Overnight Express 8515 East Orchard Road  
Greenwood Village, CO 80111

Phone 1-800-634-5091

Fax 1-866-745-5766

**Send no check with this form. Once your transfer or rollover is approved, Empower Retirement will contact you and provide payment instructions.**

#### IMPORTANT INFORMATION AND REMINDERS

This form must arrive at Empower Retirement prior to the transaction proceeds. Transfers or Rollover contributions received before transaction approval will not be invested until approval is granted.

In the event that a transfer or rollover contribution is made that can not be accepted, the transfer or rollover contribution will be made payable to and returned to the issuer.

Examples of contributions that can not be rolled over:

Any required minimum distributions (i.e. amount being paid to you because you are age 70 1/2 or older)

Distributions that are a series of periodic payments (made at least annually and paid to you over your life expectancy or the life expectancy of you and your beneficiary) or for a period of at least 10 years.

Review decisions related to your qualified plan distribution with your financial advisor or your tax advisor.

##### If Electing a Direct Rollover

For a Direct Rollover from a Traditional IRA please note: The maximum amount eligible is the total amount of your deductible IRA contributions plus earnings. Non-deductible IRA contributions may not be rolled over. If your rollover amount was held in a conduit IRA and you were born before January 1, 1936, you may be eligible for capital gains treatment. In this instance, you may want to track these rollover amounts in order to be eligible for favorable tax treatment. If the amounts were from a SIMPLE IRA, you would have had to participate in the SIMPLE IRA for a minimum of two years.

##### If Electing a Regular 60-Day Rollover

If choosing a Regular 60-Day Rollover, remember to send a copy of the check stub from the previous provider, showing the amount of distribution and withholding.

Please Note: If you are making a “Regular 60-Day Rollover” under Federal Regulations, you have 60 (sixty) days from the date you receive your distribution to make a rollover contribution. After 60 days, Service Provider cannot accept your rollover contribution. It is your responsibility to ensure that Service Provider receives all required documentation AND your rollover contribution prior to the expiration of the 60-day period. There are no exceptions to the 60-day rule. You will be responsible for any income tax or tax penalties for failure to meet the 60-day rule for rollover contributions when information is not provided and the rollover contribution is not made within the 60-day period.

##### If Electing a Transfer

Transfers can only be made between approved providers under this Plan.