



**Incoming Direct Rollover
401(k) 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, please call 1-888-366-2687.

Comerica Incorporated Preferred Savings Plan 385029-01

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		
Home Phone	Work Phone		<input type="checkbox"/> Female	<input type="checkbox"/> Male	
			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	

To be Completed by Human Resources

Payroll Center Name _____	Payroll Center Number _____
Division Name _____	Division Number _____

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.
Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.
I am choosing a:

- Direct Rollover, as allowed by your Plan, from a qualified:
 - 401(a) Plan
 - 401(k) Plan
 - Non-Roth: \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth: \$ _____ (employee contributions and earnings)
 - Governmental 457(b) Plan
 - 403(b) Plan
 - Non-Roth: \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth: \$ _____ (employee contributions and earnings)
- Direct Rollover from a Traditional IRA, as allowed by your Plan (Non-deductible contributions/basis may not be rolled over)

Previous Provider Information:

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

Previous Provider Must Complete:

After-tax cost basis \$ _____
 After-tax earnings \$ _____

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

Last Name First Name M.I. Social Security Number

Number

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

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

Previous Plan Authorized Plan Administrator/Trustee Signature Date

Amount of 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.

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

(A) Existing Ongoing Allocations

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

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, call Client Service Department or access our Web site.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Comerica Destination Retirement Inst.....	N/A	CM-RET	_____	American Funds Growth Fund of Amer R6.....	RGAGX	RGAGX	_____
Comerica Destination 2015 Inst.....	N/A	CM2015	_____	Comerica 500 Index Inst.....	N/A	CM-500	_____
Comerica Destination 2025 Inst.....	N/A	CM2025	_____	Franklin Rising Dividends Adv.....	FRDAX	FRDAX	_____
Comerica Destination 2035 Inst.....	N/A	CM2035	_____	Invesco Diversified Dividend R5.....	DDFIX	DDFIX	_____
Comerica Destination 2045 Inst.....	N/A	CM2045	_____	Invesco Equity and Income Y.....	ACETX	ACETX	_____
Comerica Destination 2055 Inst.....	N/A	CM2055	_____	William Blair Growth I.....	BGFIX	BGFIX	_____
American Funds Capital World G/I R6.....	RWIGX	RWIGX	_____	BlackRock Inflation Protected Bond Instl.....	BPRIX	BPRIX	_____
Oppenheimer Developing Markets Y.....	ODVYX	ODVYX	_____	Metropolitan West Total Return Bond I.....	MWTIX	MWTIX	_____
William Blair International Growth I.....	BIGIX	BIGIX	_____	Putnam US Government Income Y.....	PUSYX	PUSYX	_____
Eagle Small Cap Growth R5.....	HSRSX	HSRSX	_____	Templeton Global Bond Adv.....	TGBAX	TGBAX	_____
Neuberger Berman Genesis Instl.....	NBGIX	NBGIX	_____	Vanguard Total Bond Market Index.....	VBMFX	VBMFX	_____
Vanguard Small Cap Index Instl.....	VSCIX	VSCIX	_____	INVESCO STIT Treasury I.....	TRPXX	AIM-TC	_____
Comerica Dividend Income Strategy CIF.....	N/A	CM-DIS	_____	Comerica Retirement Stable Value Fund.....	N/A	COMSVF	_____
Victory Munder Mid Cap Core Growth Y.....	MGOYX	MGOYX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%
Vanguard Mid Cap Index Ins.....	VMCIX	VMCIX	_____				

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 rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling are in fact eligible for such treatment. I authorize these funds to be transferred 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 direct 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 my Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call Comerica Retirement at 1-888-366-2687 or access Web site at www.comericaretirement.com in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. I understand that this completed form must be received by Service Provider at the address provided on this form.

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 direct 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 direct rollovers.

Last Name

First Name

M.I.

Social Security Number

Number

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 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.

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

Payment Instructions

Make check payable to:

Great-West Trust Company, LLC

Include the following information on the check:

Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Account of: Great-West Trust Company, LLC

Bank: US Bank

Account no: 103656586049

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):

Great-West Trust Company, LLC

Attn: 401K Operations

Dept # 1148

Denver, CO 80256-1148

Overnight mail address for the check and form (if mailed together):

US Bank

10035 East 40th Avenue Suite 100

Dept 1148

Denver, CO 80238

Contact: Empower Retirement

Phone#: 1-888-366-2687

If sending the "form" only, please fax to 1-866-633-5212 or follow mailing instructions above. **Funds received will not be invested unless accompanied by a completed Incoming Direct Rollover form. Funds will be invested on the day that both a completed Incoming Direct Rollover form and funds are received prior to market close.**

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming 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.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee

Plan Administrator forward or fax as shown above in the Payment Instructions section

The transaction you are authorizing may require the purchase or sale of an investment option that may currently be restricted under Sections 16(b) and/or 10b-5 of the Securities Exchange Act of 1934. By signing this form, you are certifying that you have determined that this transaction is not a restricted or prohibited transaction under Sections 16(b) and/or 10b-5 of the Securities Exchange Act and any related Securities Regulations, and you are requesting that Service Provider process this transaction accordingly. I acknowledge and agree that the Plan Administrator/Trustee for the Previous Employer's plan is released from and the Plan Administrator/Trustee for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Direct Rollover form.

Authorized Plan Administrator/Trustee Signature
For Current Employer's Plan

Date

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 (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.