

**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 1-800-701-8255.

City of Houston Deferred Compensation Plan

98989-01

Participant Information

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

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.
 - Non-Roth \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth \$ _____ (employee contributions and earnings)
- Direct Rollover 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)
 - 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. (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:

Employer/employee before-tax earnings and contributions: \$ _____

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

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

Roth first contribution date: _____

Roth contributions (no earnings): \$ _____

Authorized Plan Administrator/Trustee Signature For Previous Employer's Plan (for direct rollovers)	Date
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Last Name	First Name	MI	Social Security Number
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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

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

<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)	_____ %
BlackRock EAFE Equity Index Coll F.....	10EAFW	_____ %	American Century Equity Income.....	20-EQI	_____ %
Calamos Global Equity I.....	CIGEX	_____ %	American Century Growth Inv.....	20-GF	_____ %
Nuveen International Growth I.....	NBQIX	_____ %	BlackRock Equity Index - Collective F.....	02500W	_____ %
Oppenheimer Global Fund A.....	OP-GLB	_____ %	Fidelity Contrafund.....	FD-CNT	_____ %
Nuveen Real Estate Securities I.....	FARCX	_____ %	INVESCO Diversified Dividend R5.....	DDFIX	_____ %
BlackRock Russell 2000 Index Coll F.....	03RUSW	_____ %	JPMorgan Disciplined Equity L.....	JPIEX	_____ %
Columbia Small Cap Value Fund II Z.....	NSVAX	_____ %	American Funds Inc Fund of Amer R4.....	RIDEX	_____ %
Artisan Mid Cap Inv.....	ARTMX	_____ %	Federated Government Income Trust IS.....	FICMX	_____ %
AMG Managers Fairpointe Mid Cap N.....	CHTTX	_____ %	PIMCO Total Return Admin.....	PI-TRT	_____ %
Baron Growth Retail.....	BGRFX	_____ %	Houston Fixed Fund.....	HOUSTN	_____ %
Goldman Sachs Mid Cap Value A.....	GCMAX	_____ %	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 only certain types of distributions 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 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.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the transfer/direct rollover assets ("assets") the same as my ongoing contributions or to the default investment option selected by my Plan (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Transfer/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 the Voice Response System or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Provider at the address below.

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, 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 transfers/direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. 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.

_____|_____|_____|_____
Last Name First Name MI Social Security Number

Payment Instructions

Make check payable to:
Great-West Financial

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Bank: US Bank
Account of: Great-West Financial
Account no: 103655774398
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 Financial
PO Box 560889
Denver, CO 80256-0889

**Overnight mail address for the check and form
(if mailed together):**
US Bank
10035 East 40th Avenue, Suite 100
Dept #0889
Denver, CO 80238
Contact: Empower Retirement
Phone #: 1-800-701-8255

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.

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/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:
City of Houston 457 Plan
1818 North Memorial Way, Suite 100
Houston, TX 77007
Phone #: 1-713-426-5588
Web site: www.houstondcp.com

Registered Representative Signature

REGISTERED REPRESENTATIVE SIGNATURE IS REQUIRED. IF NOT PRESENT, MAIL ORIGINAL FORM TO:

City of Houston 457 Plan
1818 North Memorial Way, Suite 100
Houston, TX 77007
Phone #: 1-713-426-5588
Web site: www.houstondcp.com

Signature of Registered Representative: _____ Date: _____

Signature of Registered Representative signifies that this form has been reviewed to ensure all required information is complete and original signature of participant is affixed. It does not attest to the accuracy of information provided by participant on this form or appropriateness of the requested transaction.

Authorized Plan Administrator/Trustee Approval

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 Transfer/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: NY, 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.