

**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 1-877-457-6459.

**Milwaukee County Deferred Compensation Plan**

**98442-01**

**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				Date of Birth		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried	

**Payroll Information**

Payroll Center Name						Payroll Center Number					
Division Name						Division Number					
Department Name						Department Number					

**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): \$ \_\_\_\_\_



Last Name

First Name

MI

Social Security Number

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 KeyTalk or access our Web site.

INVESTMENT OPTION

INVESTMENT OPTION

Table with 2 columns: INVESTMENT OPTION and INVESTMENT OPTION. Each column has sub-columns: NAME, TICKER, CODE, and %. Lists various investment options like Vanguard Target Retirement Income Inv, Lord Abnett Developing Growth I, etc.

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 (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established).

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.

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.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

---

### Payment Instructions

**Make check payable to:**  
GREAT-WEST

**Include the following information on the check:**

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

**Wire instructions:**

**Bank:** US Bank

**Account of:** Wells Fargo Bank, N.A.

**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  
Dept. 0889  
Denver, CO 80256-0889

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

US Bank  
10035 East 40th Avenue  
Dept #0889  
Denver, CO 80238  
**Contact:** Empower Retirement  
**Phone #:** 1-877-457-6459

**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 Plan Administrator/Trustee

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**

**Plan Administrator** forward to Service Provider at:  
Empower Retirement  
901 North 9th Street, Room 212C  
Milwaukee, WI 53233  
**Phone #:** 1-414-223-1921  
**Fax #:** 1-414-223-1808  
**Web site:** [www.milwaukeecounty457.com](http://www.milwaukeecounty457.com)

**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.