

## 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 1-866-737-7457.

### Commonwealth of Pennsylvania Deferred Compensation Program

98978-01

#### Participant Information

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

#### Transfer/Direct Rollover Information

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

**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			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Aggressive Portfolio Fund.....	N/A	PA-AGG	_____	60/40 Balanced Fund.....	N/A	PA-BAL	_____
Conservative Portfolio Fund.....	N/A	PA-CON	_____	Aggregate Bond Index Fund.....	N/A	PENAB3	_____
Moderate Portfolio Fund.....	N/A	PA-MOD	_____	Stable Value Fund.....	N/A	PENSVF	_____
EAFE Equity Index Fund.....	N/A	PENEE2	_____	Short Term Money Market Fund.....	N/A	PENSTM	_____
Extended Market Fund.....	N/A	PENEM2	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>
Stock Index Fund.....	N/A	PENSI2	_____				

**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). 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 KeyTalk® 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.

**Payment Instructions**

**Make check payable to:**

Commonwealth of Pennsylvania Deferred Compensation Program

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

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

**Mail address for the check and form:**

Commonwealth of Pennsylvania DCP  
30 North Third Street, Suite 150  
Harrisburg, PA 17101-1716

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.

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

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

\_\_\_\_\_  
M.I.

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

98978-01  
\_\_\_\_\_  
Number

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## 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 form to the address above

### **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.