

401(a) Incoming Transfer/Direct Rollover

Commonwealth of Virginia Cash Match Plan

98987-02

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, Address - Number & Street, City, State, Zip Code, Home Phone, Work Phone, E-Mail Address, Date of Birth (Mo, Day, Year), and checkboxes for Female, Male, Married, Unmarried.

Transfer/Direct Rollover Information

I am choosing a:

- Transfer/direct rollover from a qualified 401(a), 401(k) or 403(b) plan.
Transfer/direct rollover from a 457(b) plan.
Transfer/direct rollover from an IRA.

Previous Provider Information:

Form with fields for Company Name, Account Number, Mailing Address, City/State/Zip Code, and Phone Number.

Previous provider must complete:

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

After-tax contributions, if any: \$

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

Authorized Plan Administrator/Trustee Signature For Previous Employer's Plan Date

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

Investment Option Information - For additional information regarding the below investment options, please refer to your marketing communication materials.

Table with 3 columns: Investment Option, Code, and Asset Allocation Funds. Rows include Tier 1, Income & Growth Fund (VS-GIF), Balanced Growth Fund (VS-BGF), and Long-Term Growth Fund (VS-LTG).



Last Name	First Name	MI	Social Security Number	
<b>Tier 2.....</b>	_____	____	Bond Index Fund	<b>VS-BIF</b>
<b>Passively Managed Funds</b>	_____	____	S & P 500 Index Fund	<b>VS-500</b>
	_____	____	Russell 1000 Value Index Fund	<b>VS-RVF</b>
	_____	____	Russell 1000 Growth Index Fund	<b>VS-RGF</b>
	_____	____	Small/Mid Cap Equity Index Fund	<b>VS-SMI</b>
	_____	____	International Equity Index Fund	<b>VS-IEI</b>
	_____	____	Real Estate Investment Trust Index Fund	<b>VS-REI</b>
<b>Tier 3.....</b>	_____	____	Money Market Fund(1)	<b>VS-MMF</b>
<b>Actively Managed Funds</b>	_____	____	Stable Value Fund(1)	<b>VMSVF</b>
	_____	____	Active Bond Fund	<b>PI-VBF</b>
(1) Transfer restrictions apply from Stable Value Fund/Money Market Fund. For more information, please refer to the Fund Profile sheets.	_____	____	Active Large Cap Equity Fund	<b>VS-LCE</b>
	_____	____	Active Small/Mid Cap Equity Fund	<b>VS-SME</b>
	_____	____	Active International Equity Fund	<b>TR-VEQ</b>
	_____	____	Active Inflation – Protected Bond Fund	<b>VG-VPB</b>
	_____	____	Active High Yield Bond Fund	<b>VG-VHY</b>
<b>=100%</b>			<b>Percentages Must be Whole Numbers and Equal 100%</b>	

**Participant Acknowledgements**

**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. Note: If monies from a qualified 457(b) plan are included in the transfer/rollover, those monies will be subject to tax laws governing the 401(a) plan.

If the investment option information is missing or incomplete, I authorize Great-West Retirement Services® 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 Great-West Retirement Services® receives this Incoming Transfer/Direct Rollover form (this "form"), I authorize Great-West Retirement Services® to allocate all monies received the same as my ongoing allocation election on file with Great-West Retirement Services®. 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 Great-West Retirement Services® at the address listed on Page 3.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Great-West Retirement Services® 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 Great-West Retirement Services® 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 Great-West Retirement Services® 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 above. 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.

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

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

\_\_\_\_\_  
MI

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

**Your Consent and Signature** – 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.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Participant** forward to Plan Administrator/Trustee

**Authorized Signature**

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 New Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

\_\_\_\_\_  
**Authorized Plan Administrator/Trustee Signature**

\_\_\_\_\_  
**Date**

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

**For New Employer's Plan**

(Great-West Retirement Services® will obtain proper VRS Signature)

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC, First Great-West Life & Annuity Insurance Company, White Plains, New York and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.

**Payment Instructions – (For Previous Employer's Plan Only)**

**Make check payable to:** ORCHARD TRUST COMPANY, LLC

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

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

**Wire instructions:**

**Bank:** US Bank

**Account of:** Orchard Trust Company, LLC

**Account no:** 103655774323

**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):**

ORCHARD TRUST COMPANY, LLC  
Dept. 0877  
Denver, CO 80256-0877

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

US Bank  
3550 Rockmont Dr  
Mail Stop DN-CO-OCLB Dept #0877  
Denver, CO 80202

**Contact:** Great-West Retirement Services®

**Phone:** 1-866-226-6682

**If sending the "form" only**, please fax to 1-866-745-5766 or follow mailing instructions above. **Please also fax a wire notification form to Great-West Retirement Services® at (303) 737-5689.** To expedite receipt of funds, wire monies as indicated 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.