

State of South Carolina Salary Deferral 401(k) Plan and Trust

98955-01

When would I use this form?

When I am requesting a transfer to purchase permissible service credits with my employer's governmental defined benefit plan.

Additional Information

- Return Instructions for this form are in Section F.
- By logging into my account on the website at [www.southcarolinadcp.com](http://www.southcarolinadcp.com), I may track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Payment Request Instructions, contact Service Provider at 1-877-457-6263 or visit the website at [www.southcarolinadcp.com](http://www.southcarolinadcp.com).
- Use black or blue ink when completing this form.

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

--	--	--	--	--	--	--	--	--	--

Social Security Number or Taxpayer Identification Number  
(Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

Email Address

Married  Unmarried

Employer/Payroll Center

Daytime Phone Number

Select One:

U.S. Citizen  U.S. Resident Alien

( )

Alternate Phone Number

Non-Resident Alien or Other

Country of Residence (Required)

B What is my employer information?

(Continue to the next section after completing.)

Employer Name

Employer Street Address

City

State

Zip Code

C How much am I requesting?

(Continue to the next section after completing.)

This form and Notification of Eligibility must be received by the SC Deferred Compensation Program at least 15 days prior to the payment due date in order to allow for sufficient processing time.

Purchase of Service Credits

(Non-Roth) Amount: \$ (Enter the requested amount - Any amount up to and including the amount shown on the Notification of Eligibility/Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the requested amount.)

**I must include the Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan with my completed Purchase of Service Credits Transfer form.**

D To whom do I want my transfer payable and where should it be sent?

(Continue to the next section after completing.)

South Carolina Public Employee Benefit Authority

Retirement System Information Name (To whom the check should be made payable)

PO Box 11960

Columbia

SC

29211

Mailing Address

City

State

Zip Code

( )

Retirement System Identification or Account Number

Phone Number

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

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

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

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

Number \_\_\_\_\_

<b>E</b>	<p><b>My Consent</b> <i>(Please sign on the 'My Signature' line below.)</i></p> <p>I acknowledge that I have read, understand and agree to all pages of this Purchase of Service Credits Transfer Request and the Purchase of Service Credits Payment Request Instructions and affirm that all information that I have provided is true and correct. Pursuant to the enclosed Notification of Eligibility/Acceptance letter from my retirement system, I hereby authorize the transfer of deferred (pre-tax) funds in the amount indicated above from my account to the South Carolina Public Benefit Authority (PEBA) 401(a) Plan for the purpose of purchasing retirement service credits. I understand the following:</p> <ul style="list-style-type: none"> <li>• If I have separated from employment and I have an outstanding loan, I must complete and attach a Loan Offset form.</li> <li>• 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.</li> <li>• Under penalty of perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown in Section A is correct. I am a U.S. person if I marked U.S. citizen or U.S. resident alien box in Section A.</li> <li>• The 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 website at: <a href="http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx">http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx</a>.</li> <li>• <b>My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-877-457-6263.</b></li> </ul> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p><b>My Signature</b> _____ <b>Date (Required)</b> _____</p>										
<b>F</b>	<p><b>Where should I send this form?</b></p> <p>This form and a copy of the Notification of Eligibility/Acceptance letter can be sent by</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Fax to:</b></td> <td style="width: 25%; text-align: center;"><b>OR</b></td> <td style="width: 25%;"><b>Regular Mail to:</b></td> <td style="width: 25%; text-align: center;"><b>OR</b></td> <td style="width: 20%;"><b>Express Mail to:</b></td> </tr> <tr> <td>1-866-745-5766</td> <td></td> <td>Empower Retirement PO Box 173764 Denver, CO 80217-3764</td> <td></td> <td>Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111</td> </tr> </table>	<b>Fax to:</b>	<b>OR</b>	<b>Regular Mail to:</b>	<b>OR</b>	<b>Express Mail to:</b>	1-866-745-5766		Empower Retirement PO Box 173764 Denver, CO 80217-3764		Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
<b>Fax to:</b>	<b>OR</b>	<b>Regular Mail to:</b>	<b>OR</b>	<b>Express Mail to:</b>							
1-866-745-5766		Empower Retirement PO Box 173764 Denver, CO 80217-3764		Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111							

**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.

## **Purchase of Service Credits Payment Request Instructions 401(k) Plan**

I need to follow the procedures outlined below to request my assets in the South Carolina Deferred Compensation Program ("Program") be used to purchase retirement service credits in the public retirement systems of which I am a member.

1. I need to write to my retirement system to request notification of my eligibility to purchase service credits (i.e. prior service credit or military service credit). My retirement system will respond with a letter stating whether or not I am eligible to purchase retirement service credits. If qualified, the notification of eligibility will include the cost of the prior service credits and the payment due date, which is generally 6 months after the date of determination.
2. If I am currently purchasing retirement service credits through payroll deductions and wish to use my Program assets to pay the balance of my purchase, I need to write to my retirement system to request the payoff amount. My retirement system will provide me with the payoff amount and a payment due date, which is generally 6 months after the date of determination. It is my responsibility to notify my personnel office to stop payroll deductions for this purpose; however, my retirement system will refund any excess payment to me.
3. I need to complete the Purchase of Service Credits Transfer Request form and return it to the Program at least 15 days prior to the date payment is due.
4. I need to include a copy of the notification of eligibility from my retirement system with my completed Purchase of Service Credits Transfer Request form. **If I am a member of the South Carolina Public Benefit Authority, I need to include a copy of my service purchase invoice with my completed Purchase of Service Credits Transfer Request form.**
5. The Program will transfer the amount I request from my 401(k) Plan account directly to my South Carolina Public Benefit Authority's 401(a) Plan.

### **General Information**

If my Plan allows me to transfer funds to my governmental defined benefit Plan to purchase permissible service credits under the Plan, complete this form and indicate the amount of the transfer and payment information Retirement System Identification or Account Number on the appropriate lines. A check made payable to the Trustee, will be issued for the amount requested. The amount I requested will be transferred as a net amount.