

Texasaver 457 Plan

98960-02

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.texasaver.com, I may track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Transfer Guide ("Guide"), contact Service Provider at 1-800-634-5091 or visit the website at www.texasaver.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

Select One:

U.S. Citizen U.S. Resident Alien

()

Daytime Phone Number

Non-Resident Alien or Other

()

Alternate Phone Number

Country of Residence (Required - See Instructions for IRS Form W-8BEN information.)

B How much am I requesting?

(Continue to the next section after completing.)

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.

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

(Continue to the next section after completing.)

Name/Trustee of Defined Benefit Plan - Required (To whom the check is made payable)

Mailing Address

City/State/Zip Code

()

Defined Benefit Plan Identification or Account Number

Phone Number

D How do I want my transfer delivered?

(Continue to the next section after completing.)

Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.

- If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- If I would like to make a change to what I previously selected, I must cross-out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.

Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge

Check by Express Delivery

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
- Available for delivery, Monday - Friday, with no signature required upon delivery
- If address is a P.O. Box, check will be sent by USPS Express and estimated delivery time is 2-3 business days.

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

| | | | | | | | | | | | |
|----------------|---|--|-----------|---|-----------|-------------------------|----------------|--|--|--|---|
| D | <p>How do I want my transfer delivered? <i>(Continue to the next section after completing.)</i></p> <p><i>Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.</i></p> <p><input type="checkbox"/> Wire Transfer</p> <ul style="list-style-type: none"> • Estimated delivery time is 1-2 business days • A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested. • MUST include a letter on financial institution letterhead signed by a representative from the receiving institution which provides the wire transfer instructions. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number. • Additional fees may apply at the receiving financial institution. • Service Provider is not responsible for inaccurate wire transfer instructions. | | | | | | | | | | |
| E | <p>My Consent <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 Transfer Guide and affirm that all information that I have provided is true and correct. Pursuant to the enclosed Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan, I hereby authorize the transfer of deferred (pre-tax) funds in the amount indicated above from my Governmental 457(b) Plan for the purpose of purchasing retirement service credits. I understand the following:</p> <ul style="list-style-type: none"> • If I have separated from employment and I have an outstanding loan, I must complete and attach a Loan Offset form. • 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. • 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. • 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: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx. • 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 1-800-634-5091. <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>My Signature _____ Date (Required) _____</p> | | | | | | | | | | |
| F | <p>Where should I send this form?</p> <p>After all signatures have been obtained, 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%;">Fax to:</td> <td style="width: 25%; text-align: center;">OR</td> <td style="width: 25%;">Regular Mail to:</td> <td style="width: 25%; text-align: center;">OR</td> <td style="width: 25%;">Express Mail to:</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> | Fax to: | OR | Regular Mail to: | OR | Express Mail to: | 1-866-745-5766 | | Empower Retirement PO Box 173764 Denver, CO 80217-3764 | | Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 |
| Fax to: | OR | Regular Mail to: | OR | Express Mail to: | | | | | | | |
| 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 Transfer Guide - Governmental 457(b)

The Purchase of Service Credits Transfer Request

Before completing the form, please note the following information:

- All pages of the Purchase of Service Credits Transfer Request form ("Transfer Form") must be returned **excluding** the Purchase of Service Credits Transfer Guide.
- Neither this Guide nor this Transfer Form are intended to provide tax or legal advice. In the preparation of this Transfer Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- Empower Retirement ("Service Provider") cannot release the funds until my employer confirms that I am entitled to take a transfer from the Plan.
- **If I would like a different withdrawal option other than Purchase of Service Credits, I need to complete either the In-Service Withdrawal form, if I am still employed with the Employer/Company sponsoring this Plan or the Separation from Employment Withdrawal form, if I am no longer working for the Employer/Company sponsoring this Plan.**
- **If I have more than one account or plan number, I must complete a separate Transfer Form for each account or plan number.**

Changes to My Request

- Any changes to this Transfer Form must be crossed-out and initialed. If I do not initial all changes, this Transfer Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Transfer Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Transfer Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- Personal information will be kept confidential.
- If I am a non-resident alien, I must attach, to each withdrawal request, a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> to obtain a current version of an IRS Form W-8BEN.

Section B: How much am I requesting?

- I must enter the amount that I would like transferred, up to and including the amount shown on the Notification of Eligibility/Acceptance letter.
- If my Plan charges any distribution fees or I choose an optional delivery method that has a fee, these will be added to the amount approved for a transfer, thereby increasing the amount disbursed from my account by the amount of these fees.

Section C: To whom do I want my transfer payable and where should it be sent?

- It is my responsibility to make sure that the Name/Trustee of the Defined Benefit Plan information provided is accurate. Service Provider is not responsible for misdirected payments due to an incorrect address.

Section D: How do I want my transfer delivered?

- Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by regular mail.
- Below is a description of each delivery option.

Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge

Check by Express Delivery

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- If the address is a P.O. Box, the check will be sent by USPS Express and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

Wire Transfer

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
- Additional fees may apply at the receiving financial institution.
- **I *MUST* verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.**
- **I also *MUST* attach** a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

Section E: My Consent

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Transfer Form and the Purchase of Service Credits Guide.
- It is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and that the Plan into which I am transferring money over will accept the dollars.
- Once a payment has been processed, it cannot be changed.

- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.

Section F: Where should I send this form?

- Once I have completed this Transfer Form, including obtaining all signatures, I must forward it and the Notification of Eligibility/Acceptance letter according to the instructions listed in this section.
- If I have elected to fax this Transfer Form to Service Provider, I need to allow 2-4 hours for fax receipt before I check on the fax status.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at www.texasaver.com or call Client Service at 1-800-634-5091.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.