

**Incoming Transfer/Rollover Request  
Governmental 457(b) Plan**



**State of West Virginia Retirement Plus Deferred Compensation Plan**

**98947-01**

Do not send payment with this form. Once your rollover is approved, Service Provider will contact you and provide payment instructions.

**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/Rollover Information**

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

**Before investing your transfer or rollover contribution, Empower Financial (“Service Provider”) must first receive all required documentation and approve your transfer or rollover request. Transfer or Rollover contributions received before approval is granted will not be invested until after approval is granted. See enclosed Step-by-Step Instructions for Transfer or Rollover Contributions.**

- I am choosing a Direct Rollover from a:**
  - Qualified 401(a) Plan (Profit Sharing or Money Purchase)
  - Qualified 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)
  - Governmental 457(b) Plan
    - Non-Roth \$ \_\_\_\_\_ (all contributions and earnings, excluding Roth contributions and earnings)
    - Roth \$ \_\_\_\_\_ (employee contributions and earnings)
  - Traditional IRA (Non-deductible contributions/basis may not be rolled over)
- I am choosing a Regular 60-Day Rollover from a:**
  - Qualified 401(a) Plan (Profit Sharing or Money Purchase)
  - Qualified 401(k) Plan
  - 403(b) Plan
  - Governmental 457(b) Plan
  - Traditional IRA (Non-deductible contributions/basis may not be rolled over)

**A copy of the Original Distribution Check Stub must be attached.**

- I am choosing a Plan-to-Plan Transfer from another governmental employer’s eligible 457(b) Deferred Compensation Plan.**

**Previous Provider Information:**

|                     |                |
|---------------------|----------------|
| Company Name        | Account Number |
| Mailing Address     | ( )            |
| City/State/Zip Code | Phone Number   |

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Last Name                      First Name                      MI                      Social Security Number

**For Plan-to-Plan Transfers, previous provider must complete and sign or attach documentation on previous provider's letterhead:**

Employer contributions: \$ \_\_\_\_\_ Employer earnings: \$ \_\_\_\_\_

Before-tax Employee contributions: \$ \_\_\_\_\_ Before-tax Employee earnings: \$ \_\_\_\_\_

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Previous Provider (Print Name)                      Previous Provider Signature                      Date

**Required Documentation**

Indicate the required documents enclosed:

- For Rollovers from an IRA**
  - Most recent Account Statement or Final Distribution Statement from IRA provider showing the Internal Revenue Code ("IRC") (i.e. Traditional IRA or 408).
- For Rollovers from All Eligible Plans**
  - Most recent Account Statement or Financial Distribution Statement from previous employer's Plan showing the Internal Revenue Code ("IRC") and Plan Name, and if applicable, Roth first contribution date and Roth contribution amounts.

If the IRC, and Plan Name, and if applicable, Roth first contribution date and Roth contribution amounts are not reflected on this account statement, ALSO obtain the following certification and the signature of the plan Administrator of the distributing Plan.

The name of the distributing Plan (the "Plan") is: \_\_\_\_\_

The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designed or intended to be and meets the requirements of (please check one):

- Qualified 401(a) Plan
- Qualified 401(k) Plan
- 403(b) Plan
- Governmental 457(b) Plan

(2) To the extent applicable, consent requirements have been satisfied prior to a rollover.

(3) The amounts are eligible for rollover as described in IRC Section 402(c).

(4) Amount of Rollover \$ \_\_\_\_\_ (Enter approximate amount if exact amount is not known).

(5) For Rollovers from designated Roth accounts:

Roth first contribution date: \_\_\_\_\_

Roth contributions (no earnings): \$ \_\_\_\_\_

Authorized Plan Administrator/Trustee

Signature for Previous Employer's Plan: \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_

Name (print)                      Title

\_\_\_\_\_|\_\_\_\_\_

Company Name                      Date

**For Plan-to-Plan Transfers from another Provider under this Plan.**

- Most recent Account Statement from another investment provider showing the Internal Revenue Code ("IRC") and this Plan Name. The previous provider must also complete the money type information in the Transfer/Rollover Information section.

**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.

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 1-800-551-4218

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 the Voice Response System or access our Web site.**

|           |            |    |                        |
|-----------|------------|----|------------------------|
| Last Name | First Name | MI | Social Security Number |
|-----------|------------|----|------------------------|

| INVESTMENT OPTION                          |        |        |     | INVESTMENT OPTION                            |        |       |               |
|--------------------------------------------|--------|--------|-----|----------------------------------------------|--------|-------|---------------|
| NAME                                       | TICKER | CODE   | %   | NAME                                         | TICKER | CODE  | %             |
| Great-West Lifetime 2015 Fund II Inst..... | MXMZ   | MXMZ   | ___ | Vanguard Mid Cap Index Fund - Admiral.....   | VIMAX  | VIMAX | ___           |
| Great-West Lifetime 2025 Fund II Inst..... | MPAX   | MPAX   | ___ | American Funds Growth Fund of Amer R5.....   | RGAFX  | RGAFX | ___           |
| Great-West Lifetime 2035 Fund II Inst..... | MRJX   | MRJX   | ___ | American Funds Fundamental Investors R5..... | RFNFX  | RFNFX | ___           |
| Great-West Lifetime 2045 Fund II Inst..... | MXVD   | MXVD   | ___ | Fidelity Contrafund.....                     | FCNTX  | FCNTX | ___           |
| Great-West Lifetime 2055 Fund II Inst..... | MYGX   | MYGX   | ___ | JPMorgan Equity Income R6.....               | OIEJX  | OIEJX | ___           |
| American Funds EuroPacific Gr R5.....      | RERFX  | RERFX  | ___ | T. Rowe Price Growth & Income Fund.....      | PRGIX  | TR-GI | ___           |
| American Funds New Perspective R5.....     | RNPFX  | RNPFX  | ___ | Vanguard 500 Index Admiral.....              | VFIAX  | VFIAX | ___           |
| Baron Small Cap Instl.....                 | BSFIX  | BSFIX  | ___ | Invesco Equity and Income R6.....            | IEIFX  | IEIFX | ___           |
| Delaware Small Cap Value Instl.....        | DEVIX  | DEVIX  | ___ | T. Rowe Price Capital Appreciation.....      | PRWCX  | PRWCX | ___           |
| Vanguard Small Cap Index Adm.....          | VSMAX  | VSMAX  | ___ | Vanguard Total Bond Market Index Inst.....   | VBTIX  | VBTIX | ___           |
| American Century Mid Cap Value Inst.....   | AVUAX  | AVUAX  | ___ | Guaranteed Interest Fund.....                | N/A    | WVGIF | ___           |
| T. Rowe Price Mid Cap Growth Fund.....     | RPMGX  | TR-MCG | ___ | <b>MUST INDICATE WHOLE PERCENTAGES</b>       |        |       | <b>= 100%</b> |

**Participation Agreement**

**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/rolled into my Employer's Plan and to be invested according to the information specified in the Investment Option Information section. If I elect to direct my own investments, I understand that by signing and submitting this form for processing, I am requesting to have investment options established under this 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.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by the Plan (if I do not have an investment election on file). If no default investment option is selected by the Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my most recent investment election on file with Service Provider. I understand I must call the Voice Response System at 1-800-551-4218 or access the Web site at www.wv457.com in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Rollover form, I understand Service Provider will require the submission of a new form for approval. Assets will not be invested until after approval is granted. Forms and documentation received after market close will be reviewed for approval the following business day. I understand that this completed form must be received by Service Provider at the address provided on this form.

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 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 180 calendar days of the last calendar quarter. After this 180 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 180 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Last Name First Name MI Social Security Number

**Required Signature(s) and Date**

**Participant Consent**

My signature affirms that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Rollover form. I affirm that all information provided is true and correct. If a rollover is requested, I certify that: 1) I was entitled to a distribution as a participant, not a beneficiary; 2) the distribution was neither one of a series of periodic payments, required minimum distribution nor a hardship distribution; 3) the rollover contribution is being made to the Plan within 60 days from the date I received my distribution; 4) the entire amount being rolled over would be included in my income if it were not being rolled over; and 5) that the entire amount is being rolled over from an "eligible retirement plan" within meaning of Code Section 402. If a Transfer is requested, I certify that the Transfer is coming from another investment provider within the same Employer's Plan. 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**

**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.

## Step-by-Step Instructions for Plan-to-Plan Transfers or Rollover Contributions

### Participant Instructions

State of West Virginia Retirement Plus Deferred Compensation Plan offers you the opportunity to “roll over” the distribution you receive from your previous employer’s Plan or your IRA or “transfer” the assets from a previous provider under this plan. The following information and instructions are designed to help you through this process. If you have any questions, please contact the Voice Response System at 1-800-551-4218.

### Determine Whether Your Contribution Is a Plan-to-Plan Transfer or Direct Rollover or Regular 60-Day Rollover

#### Plan-to-Plan Transfer or Direct Rollover

Return this Incoming Transfer/Rollover form (fully completed),  
*plus*, required supporting documentation (see Required Documentation section) to:

#### DO NOT SEND PAYMENT TO THE ADDRESS BELOW

Regular Mail Empower Financial  
PO Box 173764  
Denver, CO 80217-3764

Overnight Express 8515 East Orchard Road  
Greenwood Village, CO 80111

Phone 1-800-551-4218

Fax 1-866-745-5766

#### Regular 60-Day Rollover

Return this Incoming Transfer/Rollover form (fully completed),  
*plus*, copy of stub from other investment provider/company’s distribution check,  
*plus*, required supporting documentation (see Required Documentation section) to:

#### DO NOT SEND PAYMENT TO THE ADDRESS BELOW

Regular Mail Empower Financial  
PO Box 173764  
Denver, CO 80217-3764

Overnight Express 8515 East Orchard Road  
Greenwood Village, CO 80111

Phone 1-800-551-4218

Fax 1-866-745-5766

**Send no check with this form. Once your transfer or rollover is approved, Empower Retirement will contact you and provide payment instructions.**

#### IMPORTANT INFORMATION AND REMINDERS

This form must arrive at Empower Financial prior to the transaction proceeds. Transfer or Rollover contribution received before transaction approval will not be invested until approval is granted.

In the event that a transfer or rollover contribution is made that cannot be accepted, the transfer or rollover contribution will be made payable to and returned to the issuer.

Examples of contributions that can not be rolled over:

Any required minimum distributions (i.e. amount being paid to you because you are age 70 1/2 or older)

Distributions that are a series of periodic payments (made at least annually and paid to you over your life expectancy or the life expectancy of you and your beneficiary) or for a period of at least 10 years.

Review decisions related to your qualified plan distribution with your financial advisor or your tax advisor.

#### If Electing a Direct Rollover

For a Direct Rollover from a Traditional IRA please note: The maximum amount eligible is the total amount of your deductible IRA contributions plus earnings. Non-deductible IRA contributions may not be rolled over. If your rollover amount was held in a conduit IRA and you were born before January 1, 1936, you may be eligible for capital gains treatment. In this instance, you may want to track these rollover amounts in order to be eligible for favorable tax treatment. If the amounts were from a SIMPLE IRA, you would have had to participate in the SIMPLE IRA for a minimum of two years.

#### If Electing a Regular 60-Day Rollover

If choosing a Regular 60-Day Rollover, remember to send a copy of the check stub from the previous provider, showing the amount of distribution and withholding.

Please Note: If you are making a “Regular 60-Day Rollover” under federal regulations, you have 60 (sixty) days from the date you receive your distribution to make a rollover contribution. After 60 days, Service Provider cannot accept your rollover contribution. It is your responsibility to ensure that Service Provider receives all required documentation AND your rollover contribution prior to the expiration of the 60-day period. There are no exceptions to the 60-day rule. You will be responsible for any income tax or tax penalties for failure to meet the 60-day rule for rollover contributions when information is not provided and the rollover contribution is not made within the 60-day period.

#### If Electing a Plan-to-Plan Transfer

Plan-to-Plan Transfers can only be made between approved providers under this Plan.