



Incoming Transfer/Direct Rollover 457(b) Plan

Massachusetts Deferred Compensation SMART Plan

98966-01

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, Address, City, State, Zip Code, Home Phone, Work Phone, E-Mail Address, Date of Birth, and marital status options.

Payroll Information

Form with fields for Division Name, Division Number, and Representative information.

Transfer/Direct Rollover Information

Before investing your transfer or rollover contribution, Great-West Retirement Services® ("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. The amounts received before this form may be returned to prior issuer.

- Checkboxes for choosing a Direct Rollover (Qualified 401(a), Traditional IRA, 403(a), Governmental 457(b)) or a Regular 60-Day Rollover, or a Plan-to-Plan Transfer.

Previous Provider Information:

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



**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 (i.e. Traditional IRA or 408).

**For All Rollovers from other eligible Plans or Transfer from a governmental 457(b) Plan**

- Most recent Account Statement or Final Distribution Statement from previous employer's Plan, showing the Internal Revenue Code ("IRC") and Plan Name.

If the Internal Revenue Code and Plan Name are not reflected on the account statement, ALSO obtain the following certification and the signature of the Plan Administrator of the distributing Plan:

The name of the distributing Plan is \_\_\_\_\_

(hereinafter referred to as the "Plan"). 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):

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

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

(3) In the case of a rollover, the amounts are eligible for rollover as described in IRC Section 402(c), or in the case of a transfer, the amounts are eligible for Plan-to-Plan pursuant to IRC Section 457(b)

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

Authorized Plan Administrator/Trustee

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

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Investment Option Information** - Please refer to your marketing 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 1-877-457-1900.

**Your Transfer/Rollover will be allocated in accordance with existing ongoing allocations unless you elect different investment options below:**

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)
State Street Daily EAFE Sec Lnd Series T.....	<b>SVEAFT</b> _____ %	International Equity Fund .....	<b>MASIEF</b> _____ %
The Income Fund .....	<b>MELINC</b> _____ %	Fidelity Growth Company Fund .....	<b>FDGCOM</b> _____ %
PIMCO High Yield Fund - Institutional .....	<b>PHIYX</b> _____ %	SMARTPath 2020 Retirement Fund .....	<b>SMPT20</b> _____ %
SMARTPath 2000 Retirement Fund .....	<b>SMPT00</b> _____ %	SMARTPath 2025 Retirement Fund .....	<b>SMPT25</b> _____ %
Eaton Vance Large Cap Value Eq Com Tr.....	<b>ETCLCV</b> _____ %	KLD 400 Social Index Series Fund .....	<b>KLD400</b> _____ %
Active Small Cap Stock Portfolio .....	<b>WELASC</b> _____ %	State Street Pass Tr Infl Pt Sc Ind NL A.....	<b>SVPTIP</b> _____ %
INVESCO Equity Real Estate Sec Tr Cl MA.....	<b>IVERES</b> _____ %	SMARTPath 2030 Retirement Fund .....	<b>SMPT30</b> _____ %
SMARTPath 2005 Retirement Fund .....	<b>SMPT05</b> _____ %	SMARTPath 2035 Retirement Fund .....	<b>SMPT35</b> _____ %
SMARTPath 2010 Retirement Fund .....	<b>SMPT10</b> _____ %	State Street S&P 500 Flagship Series A .....	<b>SV500</b> _____ %
State Street Russ 2000 Ind Sec Lnd Ser A.....	<b>SVR2IS</b> _____ %	SMARTPath 2040 Retirement Fund .....	<b>SMPT40</b> _____ %
PIMCO Total Return - Inst. ....	<b>PTTRX</b> _____ %	SMARTPath 2045 Retirement Fund .....	<b>SMPT45</b> _____ %
Fidelity Fund .....	<b>FDFIDF</b> _____ %	SMARTPath 2050 Retirement Fund .....	<b>SMPT50</b> _____ %
Vanguard Reserve Prime Money Market Inst .....	<b>VMRXX</b> _____ %	T Rowe Price Structured Research Comm Tr.....	<b>TRSRCT</b> _____ %
SMARTPath 2015 Retirement Fund .....	<b>SMPT15</b> _____ %		
State Street Pass Bd Mkt Ind Sec Lnd A.....	<b>SVPBMI</b> _____ %		
		<b>MUST INDICATE WHOLE PERCENTAGES</b>	<b>= 100%</b>

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Last Name

First Name

MI

Social Security Number

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### 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, incomplete, or an investment option is no longer available, I authorize Service Provider to allocate the transfer/direct rollover assets ("assets") the same as my most recent investment election on file (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 additional assets from the same source are received more than 180 calendar days after Service Provider receives the initial assets, 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 1-877-457-1900 or access the Web site 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 Transfer/Direct 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 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.

**Distribution Form of Provider Transferring Amounts into this Plan** - I understand that if I choose to enclose an original distribution form of the other provider transferring amounts into this Plan (the "Distribution Form"), I hereby direct Service Provider to forward the Distribution Form to the provider at the address listed on the Distribution Form after Service Provider approves this Incoming Transfer/Direct Rollover form. I understand that Service Provider will not review or approve the Distribution Form and will forward it "as is" to the other provider. It will be my responsibility to ensure that the Distribution Form is completed entirely and correctly. I understand that the submission of the Distribution Form to Service Provider is a voluntary process designed for convenience only and I can choose to request distribution from the other provider directly without sending the Distribution Form to Service Provider.

**Required 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. 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.ustreas.gov/offices/eotffc/ofac>.

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Participant Signature

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Date

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCORE, LLC (FASCORE Administrators, LLC in California), 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.

Last Name

First Name

MI

Social Security Number

**Participant Instructions** - If questions, call 1-877-457-1900 and press 2 to reach a representative (Monday - Friday, 9:00 am - 5:00 pm Eastern time).

**DIRECT ROLLOVER OR PLAN-TO-PLAN TRANSFER**

Return this Incoming Transfer/Direct Rollover form (fully completed),

*plus*, required supporting documentation

*plus*, **original**, fully completed distribution form of other provider/company, if you choose to direct Service Provider to forward the Distribution Form to your previous provider/company (optional) to:

Regular Mail

Great-West Retirement Services®  
PO Box 173764  
Denver, CO 80217-3764  
ATTN: MASSACHUSETTS ROLLOVER

Overnight Express

8515 East Orchard Road  
Greenwood Village, CO 80111

Contact & Phone

ATTN: MASSACHUSETTS ROLLOVER  
Phone: 1-877-457-1900

**FAXES WILL NOT BE ACCEPTED** if your previous Service Provider requires an original Distribution Form.

If your previous provider does not require an original Distribution Form or if you choose to request a distribution from the previous provider yourself, you may fax this Incoming Transfer/Direct Rollover form and supporting documentation to 1-866-745-5766.

**REGULAR 60-DAY ROLLOVER**

Return this Incoming Transfer/Direct Rollover form (fully completed),

*plus*, copy of stub from other provider/company's distribution check,

*plus*, required supporting documentation to:

FAX

1-866-745-5766  
Great-West Retirement Services®  
PO Box 173764  
Denver, CO 80217-3764  
ATTN: MASSACHUSETTS ROLLOVER

Regular Mail

**Send no check (money) with this form. Once your 60-day rollover is approved, Great-West Retirement Services® will contact you and provide remittance instructions.**

**IMPORTANT INFORMATION AND REMINDERS**

This form must arrive at Great-West Retirement Services® prior to the transaction proceeds. Rollover contributions received before transaction approval will not be invested until approval is granted.

In the event that a rollover contribution is made that can not be accepted, the 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.