



Incoming Direct Rollover 401(a) Plan

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").

CERF Savings Plan - 401(a) Plan

98993-02

Participant Information

_____ Last Name First Name MI <i>(The name provided MUST match the name on file with Service Provider.)</i>			_____ 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		

Payroll Information

_____	_____
Division Name	Division Number
_____	_____
Location Name	Location Number

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Authorized Signature(s) section.

Previous Plan Administrator must authorize by signing in the Authorized Signature(s) section.

I am choosing a:

- Direct Rollover from a:
 - 401(a) plan
 - 401(k) plan
 - 403(b) plan
- Direct Rollover from a Traditional IRA. (Non-deductible contributions/basis may not be rolled over.)

Previous Provider Information:

_____	_____
Company Name	Account Number

Mailing Address	
_____	() _____
City/State/Zip Code	Phone Number

Previous Provider must complete:

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

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

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

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.

Last Name

First Name

M.I.

Social Security Number

Number

Payment Instructions

Make check payable to:

GREAT-WEST 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: Great-West 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):**

GREAT-WEST TRUST COMPANY, LLC
PO Box 560877
Denver, CO 80256-0877

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

US Bank
10035 East 40th Avenue Suite 100
Attn Lockbox # 560877 DN-CO-OCLB
Denver, CO 80238

Contact: Empower Retirement

Phone #: 1-800-701-8255

If sending the "form" only, please fax to 1-866-745-5766 or follow the mailing instructions 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. We will not accept hand delivered forms at Express Mail addresses.

Required Signature(s) and Date

Participant Consent

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming 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.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Plan Administrator/Trustee

Authorized Plan Administrator/Trustee Approval

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

**Authorized Plan Administrator/Trustee Signature
for Current Employer's Plan**

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

**Authorized Plan Administrator/Trustee Signature
for Previous Employer's Plan
(for direct rollovers)**

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

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

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