



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

County of Union Deferred Compensation Plan

743254-01

Participant Information

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

Address - Number & Street					
_____		_____		_____	
City		State		Zip Code	
() _____		() _____		_____	
Home Phone		Work Phone			

Social Security Number					

E-Mail Address					
_____			_____		_____
Mo	Day	Year	<input type="checkbox"/> Female		<input type="checkbox"/> Male
Date of Birth			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried

Transfer/Direct Rollover Information

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

I am choosing a:

- Transfer from a governmental 457(b) plan.
- Direct Rollover from a governmental 457(b) plan.
 - Non-Roth \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth \$ _____ (employee contributions and earnings)
- Direct Rollover from a qualified:
 - 401(a) plan
 - 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)
- 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.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

Roth contributions (no earnings): \$ _____

Amount of Transfer/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

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.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Artisan International Investor.....	N/A	S4923A	_____	MM S&P 500(R) Index R4.....	N/A	S2714A	_____
Invesco Global A.....	N/A	S3402A	_____	Invesco Equity and Income A.....	N/A	S4007A	_____
MassMutual Overseas R4.....	N/A	S2857A	_____	JPMorgan SmartRetirement(R) Income A.....	N/A	S4719A	_____
State St Intl Indx SL Cl I.....	N/A	S5550A	_____	MassMutual Select TRP Retirement 2060 M4...	N/A	S3172A	_____
Hartford Healthcare HLS IA.....	N/A	S3293A	_____	MassMutual Select TRP Retirement 2055 M4...	N/A	S3159A	_____
Invesco Real Estate A.....	N/A	S4832A	_____	MassMutual Select TRP Retirement 2050 M4...	N/A	S3145A	_____
MFS Utilities A.....	N/A	S3542A	_____	MassMutual Select TRP Retirement 2045 M4...	N/A	S3132A	_____
Federated Hermes Clover Small Value A.....	N/A	S5687A	_____	MassMutual Select TRP Retirement 2040 M4...	N/A	S3118A	_____
Hartford Small Company HLS IA.....	N/A	S1940A	_____	MassMutual Select TRP Retirement 2035 M4...	N/A	S3105A	_____
Invesco Small Cap Growth A.....	N/A	S4089A	_____	MassMutual Select TRP Retirement 2030 M4...	N/A	S3091A	_____
State St Russell Sm Cap(R) Indx SL Cl I.....	N/A	S5537A	_____	MassMutual Select TRP Retirement 2025 M4...	N/A	S3078A	_____
American Century Mid Cap Value A.....	N/A	S4521A	_____	MassMutual Select TRP Retirement 2020 M4...	N/A	S3065A	_____
Hartford MidCap HLS IA.....	N/A	S2375A	_____	MassMutual Select TRP Retirement 2015 M4...	N/A	S3056A	_____
State St S&P MidCap(R) Indx NL Cl A.....	N/A	S5521A	_____	MassMutual Select TRP Retirement Bal M4....	N/A	S3186A	_____
American Century Value Inv.....	N/A	S2354A	_____	Hartford Total Return Bond HLS IA.....	N/A	S1725A	_____
Fidelity(R) Contrafund(R).....	N/A	S2532A	_____	Loomis Sayles Bond Admin.....	N/A	S5584A	_____
Invesco Growth and Income A.....	N/A	S4041A	_____	MassMutual High Yield R4.....	N/A	S2764A	_____
Janus Henderson Forty S.....	N/A	S3700A	_____	General Account.....	N/A	THBJA3	_____
JPMorgan US Equity A.....	N/A	S4826A	_____				
MassMutual Blue Chip Growth R5.....	N/A	S2792A	_____				
MUST INDICATE WHOLE PERCENTAGES							= 100%

Participant Acknowledgements

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 or incomplete, I authorize Service Provider to allocate the transfer/direct rollover assets ("assets") the same as my ongoing contributions (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 my assets are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. 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.

Last Name

First Name

M.I.

Social Security Number

Number

Payment Instructions**Make check payable to:**

Great-West Life & Annuity

Include the following information on the check:Participant Name, Social Security Number,
Plan Number, Plan Name**Wire instructions:****Bank:** PNC BANK**Account of:** Great-West Life & Annuity Insurance Company FBO
Retirement Plans**Account no:** 1082035833**Routing transit no:** 043000096**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 Life & Annuity
PO Box 825764
Philadelphia, PA 19182-5764**Overnight mail address for the check and form
(if mailed together):**PNC BANK
525 Fellowship Rd Suite 330
Lockbox # 825764
Mt Laurel, NJ 08054-3415
Contact: Empower Retirement
Phone #: 1-866-816-4400

If sending the "form" only, please fax to 1-866-633-5212 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 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.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 Transfer/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

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

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Effective December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower Retirement is not affiliated with MassMutual, Talcott, or any of their respective affiliates.