

**Incoming Direct Rollover  
403(b) Plan**

**Adventist Retirement Plan**

93406-01

**Participant Information**

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City				State		Zip Code		Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
( )				( )				Date of Birth				<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried			
Home Phone						Work Phone											

**Payroll Information**

Payroll Center Name												Payroll Center Number					
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**Direct Rollover Information**

I am choosing a: (choose only one)

- Direct Rollover from a:
  - 401(a) plan **Hospital: RA/Lump Sum**
  - 401(k) plan
  - Roth \$ \_\_\_\_\_ (employee contributions and earnings)
  - Governmental 457(b) plan
  - 403(b) plan **Church: RA / Lump Sum**
  - 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:**

<b>Adventist Retirement Plan (Defined Benefit)</b>												<b>* Can be/should be blank *</b>					
Company Name												Account Number					
12501 Old Columbia Pike																	
Mailing Address																	
Silver Spring												MD 20904					
City/State/Zip Code												( )					
												Phone Number					

**Previous Provider must complete for direct rollovers from previous plans:**

12/31/86 values: \$ \_\_\_\_\_ For 403(b)(1) plans only - 12/31/88 values: \$ \_\_\_\_\_

If no historical account value information is provided within 60 days of Service Provider's receipt of the funds, I understand that Service Provider will treat the entire transferred amount as attributable to post-December 31, 1988 values.

After-tax contributions, if any: \$ \_\_\_\_\_

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

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

Roth contributions (no 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.

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 1-866-467-7756.

Select either existing ongoing allocations (A) or your own investment options (B).

**(A) Existing Ongoing Allocations**

I wish to allocate this rollover the same as my existing ongoing allocations.

**(B) Select Your Own Investment Options**

**Please Note:** For automatic dollar cost averaging call KeyTalk® or access our Web site.

**INVESTMENT OPTION**

**INVESTMENT OPTION**

<u>NAME</u>	<u>TICKER</u>	<u>CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER</u>	<u>CODE</u>	<u>%</u>
American Funds EuroPacific Gr R4.....	REREX	REREX	_____	Vanguard Growth & Income Adm.....	VGIAX	VGIAX	_____
Dodge & Cox International Stock.....	DODFX	DODFX	_____	PIMCO All Asset Instl.....	PAAIX	PAAIX	_____
SDA International Equity Index B.....	N/A	SDA-F1	_____	PIMCO Real Return Admin.....	PARRX	PARRX	_____
T. Rowe Price International Stock Fund.....	PRITX	TR-INS	_____	SDA Total Market Bond Index Fund B.....	N/A	SDA-F5	_____
Vanguard REIT Index I.....	VGSNX	VGSNX	_____	SDA Short Term Bond Index Fund B.....	N/A	SDA-F3	_____
Columbia Small Cap Value Fund II R4.....	CLURX	CLURX	_____	Vanguard Inter-Term Investment-Grade Ad...	VFIDX	VFIDX	_____
Victory Munder Mid Cap Core Growth Y.....	MGOYX	MGOYX	_____	Vanguard Inter-Term Treasury Adm.....	VFIUX	VFIUX	_____
SDA Small-Mid Cap Equity Index Fund B.....	N/A	SDA-F4	_____	Galliard Adventist Retirement MGD INC FD...	N/A	SDA-F6	_____
American Century Equity Income.....	TWEIX	20-EQI	_____	Dreyfus Cash Management Admin.....	DACXX	DACXX	_____
Dodge & Cox Stock Fund.....	DODGX	DC-SF	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>
SDA Large Cap Equity Index Fund Class B.....	N/A	SDA-F2	_____				

**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 rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am 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 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 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 KeyTalk® 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 the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59½; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

**Investment Options** - I understand that by signing and submitting this form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account(s) is subject to the terms of the group annuity contract issued and/or 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 I have received current prospectuses for the investment options available to me.

**Asset Allocation Models** - If your ongoing allocations are being directed to an Asset Allocation Model, your total account will be rebalanced, including your rollover funds, at the next scheduled frequency. To make a change to your account, access the Web site.

**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.

**Direct Rollover Information** - I affirm that the funds I elect to directly roll over to the Plan are eligible to be rolled over.

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  
Attn Lockbox # 560877 DN-CO-OCLEB  
Denver, CO 80238  
**Contact:** Empower Retirement  
**Phone #:** 1-866-467-7756

**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.

**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**

**Participant** forward or fax as shown above in the  
Payment Instructions section

**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 &amp; 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.