

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



Commonwealth of Pennsylvania Deferred Compensation Program 98978-01

Participant Information

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

Payroll Information

Division Name	To be completed by Representative: Division Number
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Transfer/Direct Rollover Information

I am choosing a:

- Transfer/direct rollover from a governmental 457(b) plan.
- Direct rollover from an IRA.
- Transfer/direct rollover from a qualified 401(a), 401(k) or 403(b) plan.

Previous Provider Information:

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

Previous provider must complete:

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

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

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

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.

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

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>
Aggressive Portfolio Fund	PA-AGG _____%	US Tactical Asset Allocation Fund	PENUTA _____%
Moderate Portfolio Fund	PA-MOD _____%	Aggregate Bond Index Fund	PENABI _____%
Conservative Portfolio Fund	PA-CON _____%	Stable Value Fund	PENSVF _____%
EAFE Equity Index Fund	PENEEI _____%	Short Term Money Market Fund	PENSTM _____%
Extended Market Fund	PENEMF _____%	MUST INDICATE WHOLE PERCENTAGES =100%	
Stock Index Fund	PENSIF _____%		

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 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.



Last Name

First Name

MI

Social Security Number

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 on the first page of this form. 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.

Payment Instructions

Make check payable to: Commonwealth of Pennsylvania Deferred Compensation Program

Include the following information on the check:

Participant Name, Social Security Number, Plan Number, Plan Name

Mail address for the check and form:

Great–West Retirement ServicesSM
301 Chestnut St., Suite 402
Harrisburg, PA 17101

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 – 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.

Participant Signature

Date

Registered Representative Signature and ID

Date

Participant forward to Service Provider at:

Great–West Retirement ServicesSM
301 Chestnut St., Suite 402
Harrisburg, PA 17101

Phone#: 1–866–737–7457

Fax#: 1–717–901–3620

Web site: www.sers457.com