

**Incoming Transfer/Direct Rollover  
Governmental 457(b) 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"). 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 1-800-701-8255.

**City and Borough of Sitka**

**98335-01**

**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	
( )				( )				Home Phone				Date of Birth				<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried						
Work Phone																								

**Payroll Information**

Division Name								To be completed by Representative: _____							
								Division Number							

**Transfer/Direct Rollover Information**

I am choosing a:

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

**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: Unless otherwise indicated, 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 Profile .....	PS5-II	_____ %	Legg Mason Value Trust, FI .....	LMV-II	_____ %
Moderately Aggressive Profile .....	PS4-II	_____ %	American Funds Growth Fund R3 .....	AFG-II	_____ %
Moderate Profile .....	PS3-II	_____ %	Davis New York Venture Fund - R .....	DVR-II	_____ %
Moderately Conservative Profile .....	PS2-II	_____ %	Van Kampen Comstock Fund - R .....	VSR-II	_____ %
Conservative Profile .....	PS1-II	_____ %	Maxim Stock Index Portfolio .....	GF-II	_____ %
Artisan International Fund .....	AI-II	_____ %	Maxim T. Rowe Price Equity/Income Port. ....	TEI-II	_____ %
Maxim INVESCO ADR Portfolio .....	ADR-II	_____ %	Oppenheimer Capital Appreciation, A .....	OCA-II	_____ %
Maxim Bernstein International Equity .....	IEF-II	_____ %	Maxim Bond Index Portfolio .....	BI-II	_____ %
Oppenheimer Global Fund .....	OGA-II	_____ %	Maxim Loomis Sayles Bond Portfolio .....	CBF-II	_____ %
MainStay Small Cap Opportunity A .....	MSO-II	_____ %	Maxim US Government Securities Portfolio .....	USG-II	_____ %
Maxim Index 600 Portfolio .....	MR2-II	_____ %	PIMCO Total Return Admin .....	PTR-II	_____ %
Maxim Loomis Sayles Small-Cap Value .....	LSA-II	_____ %	Great-West Daily Interest Guarantee Fund .....	DIGFII	_____ %
STI Classic Small Cap Growth Fund - I.....	SSG-II	_____ %	Great-West Guaranteed Government Fund .....	GGF	_____ %
Ariel Appreciation Fund .....	APP-II	_____ %	Great-West Guaranteed Certificate Fund 36 Month.....	GCFII	_____ %
Maxim Ariel Small-Cap Value Portfolio .....	AVF-II	_____ %	Great-West Guaranteed Certificate Fund 60 Month.....	GCFII	_____ %
Maxim T. Rowe Price MidCap Growth Port. ....	TMC-II	_____ %	Great-West Guaranteed Certificate Fund 84 Month.....	GCFII	_____ %
American Century Equity Income Fund .....	EQI-II	_____ %	Maxim Money Market Portfolio .....	MMF-II	_____ %
Federated Capital Appreciation, A .....	FCA-II	_____ %			
Jensen R Fund .....	JEN-II	_____ %			
			<b>MUST INDICATE WHOLE PERCENTAGES</b>		<b>= 100%</b>

**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 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.

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

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

**Payment Instructions**

**Make check payable to:**  
GREAT-WEST

**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

**Account no:** 120411247063

**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  
Dept. 0279  
Denver, CO 80256-0279

**Regular mail address for the form only:**

PO Box 173764  
Denver, CO 80217-3764

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

Great-West  
3550 Rockmont Dr  
Mail Stop DN-CO-OCLB Dept #0279  
Denver, CO 80202  
**Contact:** Great-West Retirement Services®  
**Phone #:** 1-800-701-8255

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 Signatures** - 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**

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**

\_\_\_\_\_  
**Registered Representative Signature and ID**

\_\_\_\_\_  
**Date**

**Participant** forward to Plan Administrator/Trustee  
**Plan Administrator** forward to Service Provider at:  
Great-West Retirement Services®

PO Box 173764  
Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-800-701-8255

**Fax #:** 1-303-737-4355