

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



Oklahoma Pathfinder 457 Plan

98788-02

Do not send payment with this form. Once your rollover is approved, Service Provider will contact you and provide payment instructions.

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

Transfer/Rollover Information

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

Before investing your transfer or rollover contribution, Empower Financial ("Service Provider") must first receive all required documentation and approve your transfer or rollover request. Transfer or Rollover contributions received before approval is granted will not be invested until after approval is granted. See enclosed Step-by-Step Instructions for Transfer or Rollover Contributions.

I am choosing a Direct Rollover from a:

Governmental 457(b) Plan

I am choosing a Regular 60-Day Rollover from a:

Governmental 457(b) Plan

A copy of the Original Distribution Check Stub must be attached.

I am choosing a Plan-to-Plan Transfer from another governmental employer's eligible 457(b) Deferred Compensation Plan.

Previous Provider Information:

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

For Plan-to-Plan Transfers, previous provider must complete and sign or attach documentation on previous provider's letterhead:

Employer contributions: \$ _____ Employer earnings: \$ _____
 Before-tax Employee contributions: \$ _____ Before-tax Employee earnings: \$ _____
 Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Provider (Print Name)						Previous Provider Signature						Date					
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Last Name

First Name

MI

Social Security Number

Required Documentation

Indicate the required documents enclosed:

For Rollovers from All Eligible Plans

Most recent Account Statement or Final Distribution Statement from previous employer’s Plan showing the Internal Revenue Code (“IRC”) and Plan Name.

If the IRC and Plan Name are not reflected on this account statement, ALSO obtain the following certification and the signature of the Plan Administrator of the distributing Plan.

The name of the distributing Plan (the “Plan”) is: _____

The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designed or intended to be and meets the requirements of (please check one):

Governmental 457(b) Plan

(2) To the extent applicable, consent requirements have been satisfied prior to a rollover.

(3) The amounts are eligible for rollover as described in IRC Section 402(c).

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

Authorized Plan Administrator/Trustee

Signature for Previous Employer’s Plan: _____

Name (print)

Title

Company Name

Date

For Plan-to-Plan Transfers from another Provider under this Plan.

Most recent Account Statement from another investment provider showing the Internal Revenue Code (“IRC”) and this Plan Name. The previous provider must also complete the money type information in the Transfer/Rollover Information section.

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.

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 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>
Vanguard Target Retirement 2020 Inv.....	VTWNX	VTWNX	_____	Perkins Small Cap Value N.....	JDSNX	JDSNX	_____
Vanguard Target Retirement 2030 Inv.....	VTHRX	VTHRX	_____	Columbia Acorn Y.....	CRBYX	CRBYX	_____
Vanguard Target Retirement 2040 Inv.....	VFORX	VFORX	_____	American Century Income & Growth Inst.....	AMGIX	AMGIX	_____
Vanguard Target Retirement 2050 Inv.....	VFIFX	VFIFX	_____	BlackRock S & P 500 Stock K.....	WFSPX	WFSPX1	_____
American Funds EuroPacific Gr R6.....	REGX	REGX	_____	T. Rowe Price Instl High Yield.....	TRHYX	TRHYX	_____
T. Rowe Price Instl Emerging Mkts Eq.....	IEMFX	IEMFX	_____	SoonerSave Stable Value Fund.....	N/A	SOONSV	_____
BlackRock Small Cap Growth Equity Instl.....	PSGIX	PSGIX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

Last Name

First Name

MI

Social Security Number

Participation Agreement

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/rolled into my Employer's Plan and to be invested according to the information specified in the Investment Option Information section. If I elect to direct my own investments, I understand that by signing and submitting this form for processing, I am requesting to have investment options established under this 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.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the transfer/rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by the Plan (if I do not have an investment election on file). If no default investment option is selected by the Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my most recent investment election on file with Service Provider. I understand I must call KeyTalk® at 1-800-701-8255 or access the Web site at www.empower-retirement.com/participant in order to make changes or transfer of monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Transfer/Rollover form, I understand Service Provider will require the submission of a new form for approval. Assets will not be invested until after approval is granted. Forms and documentation received after market close will be reviewed for approval the following business day. I understand that this completed form must be received by Service Provider at the address provided on this form.

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 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 180 calendar days of the last calendar quarter. After this 180 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 180 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) and Date

Participant Consent

My signature affirms that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Rollover form. I affirm that all information provided is true and correct. If a rollover is requested, I certify that: 1) I was entitled to a distribution as a participant, not a beneficiary; 2) the distribution was neither one of a series of periodic payments, required minimum distribution nor a hardship distribution; 3) the rollover contribution is being made to the Plan within 60 days from the date I received my distribution; 4) the entire amount being rolled over would be included in my income if it were not being rolled over; and 5) that the entire amount is being rolled over from an "eligible retirement plan" within meaning of Code Section 402. If a Transfer is requested, I certify that the Transfer is coming from another investment provider within the same Employer's Plan. 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

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 & 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.

Step-by-Step Instructions for Plan-to-Plan Transfers or Rollover Contributions

Participant Instructions

Oklahoma Pathfinder 457 Plan offers you the opportunity to “roll over” the distribution you receive from your previous employer’s Plan or “transfer” the assets from a previous provider under this Plan. The following information and instructions are designed to help you through this process. If you have any questions, contact KeyTalk® at 1-800-701-8255.

Determine Whether Your Contribution Is a Plan-to-Plan Transfer or Direct Rollover or Regular 60-Day Rollover

Plan-to-Plan Transfer or Direct Rollover

Return this Incoming Transfer/Rollover form (fully completed),
plus, required supporting documentation (see Required Documentation section) to:

DO NOT SEND PAYMENT TO THE ADDRESS BELOW

<u>Regular Mail</u>	Empower Financial PO Box 173764 Denver, CO 80217-3764
<u>Overnight Express</u>	8515 East Orchard Road Greenwood Village, CO 80111
<u>Phone</u>	1-800-701-8255
<u>Fax</u>	1-866-745-5766

Regular 60-Day Rollover

Return this Incoming Transfer/Rollover form (fully completed),
plus, copy of stub from other investment provider/company’s distribution check,
plus, required supporting documentation (see Required Documentation section) to:

DO NOT SEND PAYMENT TO THE ADDRESS BELOW

<u>Regular Mail</u>	Empower Financial PO Box 173764 Denver, CO 80217-3764
<u>Overnight Express</u>	8515 East Orchard Road Greenwood Village, CO 80111
<u>Phone</u>	1-800-701-8255
<u>Fax</u>	1-866-745-5766

Send no check with this form. Once your transfer or rollover is approved, Empower Retirement will contact you and provide payment instructions.

IMPORTANT INFORMATION AND REMINDERS

This form must arrive at Empower Financial prior to the transaction proceeds. Transfer or Rollover contribution received before transaction approval will not be invested until approval is granted.

In the event that a transfer or rollover contribution is made that cannot be accepted, the transfer or rollover contribution will be made payable to and returned to the issuer.

Examples of contributions that can not be rolled over:

Any required minimum distributions (i.e. amount being paid to you because you are age 70 1/2 or older)

Distributions that are a series of periodic payments (made at least annually and paid to you over your life expectancy or the life expectancy of you and your beneficiary) or for a period of at least 10 years.

Review decisions related to your qualified plan distribution with your financial advisor or your tax advisor.

If Electing a Regular 60-Day Rollover

If choosing a Regular 60-Day Rollover, remember to send a copy of the check stub from the previous provider, showing the amount of distribution and withholding.

Please Note: If you are making a “Regular 60-Day Rollover” under federal regulations, you have 60 (sixty) days from the date you receive your distribution to make a rollover contribution. After 60 days, Service Provider cannot accept your rollover contribution. It is your responsibility to ensure that Service Provider receives all required documentation AND your rollover contribution prior to the expiration of the 60-day period. There are no exceptions to the 60-day rule. You will be responsible for any income tax or tax penalties for failure to meet the 60-day rule for rollover contributions when information is not provided and the rollover contribution is not made within the 60-day period.

If Electing a Plan-to-Plan Transfer

Plan-to-Plan Transfers can only be made between approved providers under this Plan.