



**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").

Wisconsin Deferred Compensation Program

98971-01

Participant Information

_____ Last Name First Name MI <i>(The name provided MUST match the name on file with Service Provider.)</i>			_____ Social Security Number		
_____ Address - Number & Street			_____ E-Mail Address		
_____ City		_____ State	_____ Zip Code		
() _____ Home Phone	() _____ Work Phone		Mo Day Year _____ Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	
				<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	

Payroll Information

_____ Payroll Center Name		_____ Payroll Center Number	
_____ Division Name		_____ Division Number	

Transfer/Direct Rollover Information

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.

Last Name

First Name

M.I.

Social Security Number

Number

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.

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	%
Vanguard Target Retirement Inc Trust I.....	N/A	VGTRIN	_____	American Beacon Bridgwy Lg Cp Val I CIT....	N/A	ABBLCI	_____
Vanguard Target Retirement 2015 Trust I.....	N/A	VGTR15	_____	Calvert US Large Cap Core Resp Index R6.....	CSXRX	CSXRX	_____
Vanguard Target Retirement 2025 Trust I.....	N/A	VGTR25	_____	Fidelity Contrafund Commingled Pool Cl 2.....	N/A	FCNTC2	_____
Vanguard Target Retirement 2035 Trust I.....	N/A	VGTR35	_____	Vanguard Institutional 500 Index Trust.....	N/A	WIV500	_____
Vanguard Target Retirement 2045 Trust I.....	N/A	VGTR45	_____	Vanguard Wellington Adm.....	VWENX	VWENX	_____
Vanguard Target Retirement 2055 Trust I.....	N/A	VGTR55	_____	BlackRock US Debt Index M.....	N/A	BRUSDM	_____
American Funds EuroPacific Gr R6.....	RERGX	RERGX	_____	Dodge & Cox Income Fund.....	DODIX	DC-INC	_____
BlackRock EAFE Equity Index F.....	N/A	07EAFW	_____	Vanguard Long-Term Investment Grade Adm...	VWETX	VWETX	_____
BlackRock Russell 2000 Index Fund M.....	N/A	BRR2KM	_____	FDIC Bank Option.....	N/A	WIFJBM	_____
DFA US Micro Cap I.....	DFSCX	DFSCX	_____	Stable Value Fund.....	N/A	WISSVF	_____
BlackRock Mid Cap Equity Index - Coll F.....	N/A	04MDWS	_____	Vanguard Treasury Money Market Inv.....	VUSXX	VUSXX	_____
T. Rowe Price Instl Mid-Cap Equity Gr.....	PMEGX	PMEGX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

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 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 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 Suite 100
Attn Lockbox # 560877 DN-CO-OCLB
Denver, CO 80238**Contact:** Empower Retirement**Phone #:** 1-877-457-9327

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. 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 or fax as shown above in the Payment Instructions section

Securities offered by GWFS Equities, Inc., Member FINRA/SIPC, marketed under the Empower brand, and/or other broker-dealers. GWFS is affiliated with Great-West Funds, Inc.; Great-West Trust Company, LLC; and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC, marketed under the Great-West Investments™ brand.