Incoming Contract Exchange/Direct Rollover 403(b) Plan

capitalhealth

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.

Capital Health Retirement Savings & Investment Plan 95812-01

Participant Information

Last Name | First Name | MI

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

Mo Day Year ❑ Female ❑ Male

( ) Home Phone

( ) Work Phone

Date of Birth ❑ Married ❑ Unmarried

Contract Exchange/Direct Rollover Information

Current Plan Administrator must authorize by signing in the Authorized Signature(s) section.

Previous Plan Administrator must authorize by signing in the Authorized Signature(s) section.

I am choosing a: (choose only one)

- ❑ Contract Exchange from another investment provider under the Plan.
- ❑ Direct Rollover from a:
  - ❑ 401(a) plan
  - ❑ 401(k) plan
  - ❑ 403(b) plan
- ❑ 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 for contract exchanges:

Employer earnings: $_____ Employee earnings: $_____

Employer contributions: $_____ Employee contributions: $_____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Provider must complete for contract exchanges and 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 exchanged amount as attributable to post-December 31, 1988 values.

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

Last Name	First Name	MI	Social Security Number

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 exchange/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

NAME	TICKER	CODE	%
T. Rowe Price Retirement 2005 Fund	TRRFX	TRRFX	___
T. Rowe Price Retirement 2010 Fund	TRRAX	TRRAX	___
T. Rowe Price Retirement 2015 Fund	TRRGX	TRRGX	___
T. Rowe Price Retirement 2020 Fund	TRRBX	TRRBX	___
T. Rowe Price Retirement 2025 Fund	TRRHX	TRRHX	___
T. Rowe Price Retirement 2030 Fund	TRRCX	TRRCX	___
T. Rowe Price Retirement 2035 Fund	TRRJX	TRRJX	___
T. Rowe Price Retirement 2040 Fund	TRRDX	TRRDX	___
T. Rowe Price Retirement 2045 Fund	TRRKX	TRRKX	___
T. Rowe Price Retirement 2050 Fund	TRRMX	TRRMX	___
T. Rowe Price Retirement 2055 Fund	TRRNX	TRRNX	___
T. Rowe Price Retirement Income Fund	TRRIX	TRRIX	___
American Funds EuroPacific Gr R4	REREX	REREX	___
Vanguard Developed Markets Index Admiral	VDMAX	VDMAX	___
AllianzGI NFJ Small-Cap Value Admin	PVADX	PVADX	___

INVESTMENT OPTION

NAME	TICKER	CODE	%
Prudential Jennison Small Company Z	PSCZX	PSCZX	___
Goldman Sachs Mid Cap Value IR	GCMTX	GCMTX	___
Lord Abbett Value Opportunities A	LVOAX	LVOAX	___
Rainier Small/Mid Cap Equity	RIMSX	RIMSX	___
Harbor Capital Appreciation Inv	HCAIX	HCAIX	___
Hartford Dividend & Growth R5	HDGTX	HDGTX	___
SSgA S&P 500 Index Instl	SVSPX	SVSPX	___
Oakmark Equity & Income I	OAKBX	OAKBX	___
MainStay High Yield Corporate Bond I	MHYIX	MHYIX	___
PIMCO Real Return Admin	PARRX	PARRX	___
PIMCO Total Return Admin	PTRAX	PI-TRT	___
Key Guaranteed Portfolio Fund	N/A	KGPF	___
JPMorgan US Govt MMkt Morgan	MJGXX	MJGXX	___
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 contract exchange/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am exchanging/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 contract exchange/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 Contract Exchange/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 59 1/2; 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.

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.

Contract Exchange/Direct Rollover Information - I understand that Contract Exchanges are exchanges of 403(b) funds between authorized 403(b) investment providers under this Plan. Contract Exchanges are not considered to be "distributions" from the Plan. I affirm that the funds I elect to exchange to this 403(b) provider under this Plan or directly roll over to the Plan are eligible to be exchanged or rolled over.

Last Name	First Name	MI	Social Security 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
Dept 0877
Denver, CO 80256-0877

Overnight mail address for the check and form (if mailed together):
US Bank
10035 East 40th Avenue
Dept #0877
Denver, CO 80238
Contact: Great-West Retirement Services®
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 Contract Exchange/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 to Plan Administrator

Authorized Plan Administrator Approval

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Contract Exchange/Direct Rollover form. The Plan accepts the participant's direct rollover contribution from the prior employer's plan and has determined the funds are eligible for direct rollover. If applicable, the Plan authorizes this participant's contract exchange from the provider under this plan listed in the Previous Provider section of this form and has determined that funds are eligible for an exchange into this contract.

Authorized Plan Administrator Signature for Current Employer's Plan **Date**

Authorized Plan Administrator Signature for Previous Employer's Plan
(for direct rollovers) **Date**

Plan Administrator forward or fax as shown above
in the Payment Instructions section

Great-West Financial℠ refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FASCore, LLC.