Incoming Contract Exchange/Direct Rollover 403(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 1-866-467-7756.

Capital Health Retirement S	Savings & Investment Plan	n					95812-01
Participant Information							
Last Name	First Name	MI		Social Security Number		r	
Address - Number & Street				E-Mail Address			
City	State	Zip Code	Mo	Day	Year	☐ Female	☐ Male
()	()						
Home Phone	Work Phone	e	Da	ate of B	rth	☐ Married	☐ Unmarried
Contract Exchange/Direct Rollov	er Information						
Current Plan Administrator must au	ıthorize by signing in the Author	ized Signature(s) section.				
Previous Plan Administrator must a	uthorize by signing in the Author	rized 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							
• • •	nal IRA. (Non-deductible contribut	ions/basis may n	ot be rolle	d over.)		
☐ Direct Rollover from a Traditional IRA. (Non-deductible contributions/basis may not be rolled over.) Previous Provider Information:							
Trevious Trovider Information.							
Company Name						Account Numbe	<u> </u>
							-
Mailing Address							
City/State/Zip Code						() Phone Number	
Previous Provider must complete for	r contract exchanges:					Thone Tumber	
Employer earnings: \$	Employee earnings: \$						
Employer contributions: \$	Employee contributions: \$						
Note: Unless otherwise indicated, all a		l employee befor	re-tax conti	ibution	s and ea	rnings.	
Previous Provider must complete for						C	
-	r 403(b)(1) plans only - 12/31/88 v	_					
If no historical account value informat treat the entire exchanged amount as a	tion is provided within 60 days of	Service Provide	er's receipt	of the	funds, I	understand that S	ervice Provider will



(Enter approximate amount if exact amount is not known.)

Amount of Contract Exchange/Direct Rollover: \$_

Last Name First	Name MI

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.

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INVESTMENT OPTION

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NAME TICK	ER CODE	<u>%</u>	NAME TICK	ER CODE %	
T. Rowe Price Retirement 2005 AdvPARGX	PARGX		Prudential Jennison Small Company APGOA	X PGOAX	
T. Rowe Price Retirement 2010 AdvPARAY	PARAX		Goldman Sachs Mid Cap Value AGCM	X GCMAX	
T. Rowe Price Retirement 2015 AdvPARHY	PARHX		Lord Abbett Value Opportunities ALVOA	X LVOAX	
T. Rowe Price Retirement 2020 AdvPARBX	PARBX		Rainier Small/Mid Cap EquityRIMS	X RIMSX	
T. Rowe Price Retirement 2025 AdvPARJX	PARJX		Harbor Capital Appreciation Inv	X HCAIX	
T. Rowe Price Retirement 2030 AdvPARCY	PARCX		Hartford Dividend & Growth R5 HDG7	X HDGTX	
T. Rowe Price Retirement 2035 AdvPARKX	PARKX		SSgA S&P 500 Index InstlSVSP	K SVSPX	
T. Rowe Price Retirement 2040 AdvPARDY	PARDX		Oakmark Equity & Income IOAKI	X OAKBX	
T. Rowe Price Retirement 2045 AdvPARLY	PARLX		MainStay High Yield Corporate Bond A	X MHCAX	
T. Rowe Price Retirement 2050 AdvPARFX	PARFX		PIMCO Real Return AdminPARR	X PARRX	
T. Rowe Price Retirement 2055 AdvPAROX	PAROX		PIMCO Total Return Fund - AdminPTRA	X PI-TRT	
T. Rowe Price Retirement Income AdvPARIX	PARIX		Key Guaranteed Portfolio Fund	KGPF	
American Funds EuroPacific Gr R3	RERCX		JPMorgan US Govt MMkt MorganMJGX	X MJGXX	
Vanguard Developed Markets Index AdmiralVDMA	X VDMAX		MUST INDICATE WHOLE PERCENTAGES	= 100%	
AllianzGI NFJ Small-Cap Value AdminPVAD	PVADX		MOST INDICATE WHOLE TERCENTAGES	- 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.

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Last Name	First Name	MI	Social Security Number		
Payment Instructions					
Aske check payable to: GREAT-WEST TRUST COMPANY, LLC Include the following information on the check: Carticipant Name, Social Security Number, Clan Number, Plan Name Wire instructions: Cank: US Bank Caccount of: Great-West Trust Company, LLC Caccount no: 103655774323 Couting transit no: 102000021 Cattention: Financial Control Cateference: Participant Name, Social Security Number, Clan Number, Plan Name If sending the "form" only, please fax to 1-866-745-5766 or fol			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		
	funds arrive to invest according	g to the anocat	ions on this form.		
Required Signature(s) and Participant Consent	Date				
orm. I affirm that all informatequirements of the Office of Fourier or a blocked country occess the OFAC Web site at:	tion provided is true and cornoreign Assets Control, Departm	rect. I understate ent of the Treat FAC as a spec	and agree to all pages of this Incoming Contract Exchange/Direct Rollover and that Service Provider is required to comply with the regulations and asury ("OFAC"). As a result, Service Provider cannot conduct business with cially designated national or blocked person. For more information, please Foreign-Assets-Control.aspx.		
Participant Signature		Date			
	I	Participant for	ward to Plan Administrator		
Authorized Plan Administrator A	approval				
Employer's Plan shall assume a Plan accepts the participant's d applicable, the Plan authorizes	all obligations associated with a irect rollover contribution from	the prior emplange from the	ployer's Plan is released from and the Plan Administrator for the Curren ansferred under this Incoming Contract Exchange/Direct Rollover form. The loyer's plan and has determined the funds are eligible for direct rollover. I provider under this plan listed in the Previous Provider section of this form		
Authorized Plan Administrato or Current Employer's Plan	r Signature	Date	_		
Authorized Plan Administrato for Previous Employer's Plan for direct rollovers)	r Signature	Date	_		
			rator forward or fax as shown above Instructions section		
eat West Financial SM refers to	products and services provided	hy Great-Wes	et Life & Annuity Incurance Company: Great West Life & Annuity		

Great-West FinancialSM refers to products and services provided by Great-West Life & Annuity Insurance Company; 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.