

**Incoming Contract Exchange/Direct Rollover
403(b) Plan**



Capital Health System Retirement Savings and 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			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()				()				Date of Birth				<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried										
Home Phone						Work Phone																		

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.)



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.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	_____ %	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	_____ %
Allianz NFJ Small Cap Value Fund - Admin.....	PVADX	_____ %	BlackRock Large Cap Value A	MDLVX	_____ %
American Funds EuroPacific R3	RERCX	_____ %	Goldman Sachs Mid Cap Value A	GCMAX	_____ %
AllianceBernstein 2010 Retirement Str A	LTDAX	_____ %	Rainier Small/Mid Cap Equity Fund	RIMSX	_____ %
AllianceBernstein 2015 Retirement Str A	LTEAX	_____ %	Oakmark Equity & Income Fund	OAKBX	_____ %
AllianceBernstein 2020 Retirement Str A	LTHAX	_____ %	Third Avenue Value Fund	TH-VAL	_____ %
AllianceBernstein 2025 Retirement Str A	LTIAX	_____ %	Templeton Global Smaller Companies A	TEMGX	_____ %
AllianceBernstein 2030 Retirement Str A	LTJAX	_____ %	MainStay High Yield Corporate Bond	MHCAX	_____ %
AllianceBernstein 2035 Retirement Str A	LTKAX	_____ %	Oppenheimer Small- & Mid- Cap Value A.....	OP-QSC	_____ %
AllianceBernstein 2040 Retirement Str A	LTLAX	_____ %	PIMCO Real Return Fund - Admin	PARRX	_____ %
American Funds Growth Fund R3	RGACX	_____ %	PIMCO Total Return Fund - Admin	PI-TRT	_____ %
Jennison Small Company A	PGOAX	_____ %	SSgA S & P 500 Index	SVSPX	_____ %
Guaranteed Portfolio Fund	KGPF	_____ %			
MUST INDICATE WHOLE PERCENTAGES					= 100%

Participant Acknowledgements

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:
ORCHARD 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: Orchard 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):**
ORCHARD TRUST COMPANY, LLC
Dept. 0877
Denver, CO 80256-0877

**Overnight mail address for the check and form
(if mailed together):**
US Bank
3550 Rockmont Dr
Mail Stop DN-CO-OCLB Dept #0877
Denver, CO 80202
Contact: Great-West Retirement Services®
Phone #: 1-800-701-8255

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.

Your Consent and Signature - 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.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee

Authorized Signature(s)

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 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/Trustee 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

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