

**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"). 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 1-800-701-8255.

**Wyoming Retirement System 457 Deferred
Compensation Plan**

State Government Employee 93001-01
Other Government Employee 93001-02

Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E-Mail Address		
City	State	Zip Code	Mo	Day	Year
()	()		Date of Birth		
Home Phone	Work Phone		<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
Department Name	Department Number

Transfer/Direct Rollover Information

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

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

Last Name First Name M.I. Social Security 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.

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.

Please Note: For automatic dollar cost averaging call KeyTalk® or access our Web site. Please refer to the Participation Agreement for information regarding transfer restrictions.

<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)
<u>PRE-MIXED FUNDS</u>		<u>PRE-MIXED FUNDS (CONT.)</u>	
LifePath Index Retirement Fund Q	BRLIRQ _____%	LifePath Index 2040 Fund Q	BRL40Q _____%
LifePath Index 2020 Fund Q	BRL20Q _____%	LifePath Index 2045 Fund Q	BRL45Q _____%
LifePath Index 2025 Fund Q	BRL25Q _____%	LifePath Index 2050 Fund Q	BRL50Q _____%
LifePath Index 2030 Fund Q	BRL30Q _____%	LifePath Index 2055 Fund Q	BRL55Q _____%
LifePath Index 2035 Fund Q	BRL35Q _____%	LifePath Index 2060 Fund Q	BRL60Q _____%
<u>MIX-YOUR-OWN FUNDS</u>		<u>MIX-YOUR-OWN FUNDS (CONT.)</u>	
WRS Capital Preservation Fund.....	WYOSVF _____%	WRS Large Cap U.S. Equity Fund.....	WRSLRG _____%
WRS Fixed Income Fund.....	WRSINC _____%	WRS International Equity Fund.....	WRSITL _____%
WRS Real Assets Fund.....	WRSRAS _____%	WRS Small/Mid Cap U.S. Equity Fund.....	WRSSMD _____%
			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

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 #:** 1-800-701-8255

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 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 to Plan Administrator/Trustee at:
Wyoming Retirement System
6101 Yellowstone Road, Suite 500
Cheyenne, WY 82002
Phone #: 1-800-989-9324
Fax #: 1-307-777-3621
Web site: www.wrsdcp.com

Authorized Plan Administrator/Trustee Approval

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 Transfer/Direct Rollover form.

Authorized Plan Administrator/Trustee Signature
for Current Employer's Plan

Date

Plan Administrator forward as shown above in the
Payment Instructions section

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, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.