RETIREMENT SYSTEM

Incoming Transfer/Direct Rollover
Governmental 457(b) Plan

Wyoming Retirement System 457 Deferred Compensation Plan

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

Participant Information

Last Name | First Name | MI
(The name provided MUST match the name on file with Service Provider.)

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

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.)

Last Name	First Name	M.I.	Social Security Number	93001-01/-02 Number

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.

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 the Voice Response System or access our Web site. Please refer to the Participation Agreement for information regarding transfer restrictions.

INVESTMENT OPTION NAME	INVESTMENT OPTION CODE (Internal Use Only)	
PRE-MIXED FUNDS		
BlackRock LifePath Index Retiremt Fund O	OLPIRT	_____%
BlackRock LifePath Index 2025 Fund O	OLPI25	_____%
BlackRock LifePath Index 2030 Fund O	OLPI30	_____%
BlackRock LifePath Index 2035 Fund O	OLPI35	_____%
BlackRock LifePath Index 2040 Fund O	OLPI40	_____%

INVESTMENT OPTION NAME	INVESTMENT OPTION CODE (Internal Use Only)	
PRE-MIXED FUNDS (CONT.)		
BlackRock LifePath Index 2045 Fund O	OLPI45	_____%
BlackRock LifePath Index 2050 Fund O	OLPI50	_____%
BlackRock LifePath Index 2055 Fund O	OLPI55	_____%
BlackRock LifePath Index 2060 Fund O	OLPI60	_____%
BlackRock LifePath Index 2065 Fund O	OLPI65	_____%

MIX-YOUR-OWN FUNDS		
WRS Capital Preservation Fund	WYOSVF	_____%
WRS Fixed Income Fund	WRSINC	_____%
WRS Real Assets Fund	WRSRAS	_____%

MIX-YOUR-OWN FUNDS (CONT.)		
WRS Large Cap U.S. Equity Fund	WRSLRG	_____%
WRS International Equity Fund	WRSITL	_____%
WRS Small/Mid Cap U.S. Equity Fund	WRSSMD	_____%

MUST INDICATE WHOLE PERCENTAGES = 100%

Participant Acknowledgements

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.

Last Name	First Name	M.I.	Social Security Number	93001-01/-02 Number

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.

Payment Instructions

Make check payable to:

Empower 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: Empower 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):

Empower 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
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. 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 this form to:
Wyoming Retirement System
6101 Yellowstone Road, Suite 500
Cheyenne, WY 82002
Phone #: 1-800-989-9324
Fax #: 1-307-777-3621

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**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Plan Administrator forward as shown above in the Payment Instructions section

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.