WRS-B2 Rollover/Transfer (Revised 3/15)

# WYOMING RETIREMENT SYSTEM Direct Rollover/Transfer Request Form

1.	. Member Information:   Check box if new address		Current Plan Custodia	urrent Plan Custodian/Trustee (Payer):		
		•	Empower Retirement			
	Name		Name PO Box 173764			
	Address		Address Denver, CO 80217-3764			
	City, State, Zip		City, State, Zip 800-701-8255			
	Social Security Number Wyoming Retirement Number		Phone Number	Account Number		
3.	Please indicate the amount of the Direct Rollover	r/Tra	ansfer:\$			
 4.	Member Authorization:					
	I instruct Empower Retirement (Payer) to transfer the above referenced funds to the					
	Wyoming Retirement System. I assume full responsibility for the direct rollover/transfer transaction and will not hold the Plan Administrator, Trustee, Custodian, or issuer of either the distributing or receiving plans liable to any adverse consequences that may result.					
	X					
	Member Signature  (Remember: If you are over age 70 1/2, minimum required)	d distr	ibutions are NOT eligible for dire	Date		
_	(Remember: 1) you are over age 10 1/2, minimum required	l aisiri		ct rottover/transjer.j		
5.	Verification of Plan Status: Must be completed an	ıd siş	gned, and returned to WI	RS		
	plan. Before WRS can proceed with this request, we need verification of the status of your plan. WRS is a defined benefit plan, qualified under 401(a) of the Internal Revenue Code, and can accept tax-deferred money from a qualified 401(a), 401(k), 403(b) or a traditional IRA. Please complete this section and return the form to WRS, along with the check.  I certify I am an authorized administrator/trustee of the Plan listed in Section 2, and certify the funds to be rolled over/transferred are from the following: (please check one only)					
	, , , , , , ,	, 0111,				
	<ul> <li>□ a 401(a) or 401(k) pension plan</li> <li>□ a 403(b) plan (to purchase service credits)</li> </ul>		□ a traditional IRA  X a 457 (b) Plan (to produce the produce of	urchase service credits)		
	Type or Print Name of Authorized Administrator/Trustee	_	Authorized Administrator/Truste	e's Title		
	X	_				
	Authorized Administrator/Trustee's Signature		Date			
	☐ Check is attached to rollover/transfer form <b>O</b>	OR	☐ Check will be sent s	separately		
<b>=</b> 6.	Acceptance of Appointment and Instruction to Current Custodian/Trustee:  The Wyoming Retirement System is a defined benefit plan, qualified under section 401(a) of the Internal Revenue Code, and is authorized to accept the above funds as a direct rollover/transfer upon verification of the plan status (section 5). Please consider this form a letter of acceptance.  Authorized WRS Signature: X					
	Title Benefits Specialist D	ate _				
				Entered:		
				Verified:		



# Purchase of Service Credits Transfer Request Governmental 457(b) Plan

Wyoming Retirement System 457 Deferred Compensation Plan

State Government Employee Other Government Employee

93001-01 **□** 93001-02 **□** 

## When would I use this form?

When I am requesting a transfer to purchase permissible service credits with my employer's governmental defined benefit plan.

• Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to re-direct or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.

#### Additional Information

- Return Instructions for this form are in Section F.
- · By logging into my account on the website at www.wrsdcp.com, I may track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Transfer Guide ("Guide"), contact Wyoming Retirement System at 1-800-989-9324 or visit the website at www.wrsdcp.com.

4	What is my personal information?	(Continue to the next section after completing
	Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.	
	Account Extension Social Security (Must provide	rity Number or Taxpayer Identification Number all 9 digits)
	Last Name First Name (The name provided MUST match the name on file with Service Provider.)	M.I. Date of Birth (mm/dd/yyyy)  ( )  Daytime Phone Number
	Email Address	( ) Alternate Phone Number
	Department/Division/Payroll Center  Select One (Required):  I am a U.S. Citizen or U.S. Resident Alien.  I am a Non-Resident Alien or Other.  Required - Provide Country of Residence:  (See Instructions for IRS Form information.)	W-8BEN
	information.)	
3	How much am I requesting?	(Continue to the next section after completing
3	,	nd including the amount shown on the Notification of Eligibility requested amount.)
	How much am I requesting?  Purchase of Service Credits (Non-Roth) Amount: \$ (Enter the requested amount - Any amount up to an Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the I must include the Notification of Eligibility/Acceptance letter from my employer's go	nd including the amount shown on the Notification of Eligibility requested amount.)
	How much am I requesting?  Purchase of Service Credits (Non-Roth) Amount: \$ (Enter the requested amount - Any amount up to an Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the I must include the Notification of Eligibility/Acceptance letter from my employer's go Purchase of Service Credits Transfer form.  To whom do I want my transfer payable and where should it be sent?  Wyoming Retirement System Name/Trustee of Defined Benefit Plan - Required (To whom the check is made payable)	nd including the amount shown on the Notification of Eligibility requested amount.) overnmental defined benefit plan with my completed
	How much am I requesting?  Purchase of Service Credits (Non-Roth) Amount: \$ (Enter the requested amount - Any amount up to an Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the I must include the Notification of Eligibility/Acceptance letter from my employer's go Purchase of Service Credits Transfer form.  To whom do I want my transfer payable and where should it be sent?  Wyoming Retirement System	od including the amount shown on the Notification of Eligibility requested amount.)  Experimental defined benefit plan with my completed  (Continue to the next section after completing
	How much am I requesting?  Purchase of Service Credits (Non-Roth) Amount: \$ (Enter the requested amount - Any amount up to an Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the I must include the Notification of Eligibility/Acceptance letter from my employer's go Purchase of Service Credits Transfer form.  To whom do I want my transfer payable and where should it be sent?  Wyoming Retirement System Name/Trustee of Defined Benefit Plan - Required (To whom the check is made payable) 6101 Yellowstone Rd. Suite 500	continue to the next section after completing  Cheyenne, WY 82002  City/State/Zip Code
В	How much am I requesting?  Purchase of Service Credits (Non-Roth) Amount: \$ (Enter the requested amount - Any amount up to an Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the I must include the Notification of Eligibility/Acceptance letter from my employer's go Purchase of Service Credits Transfer form.  To whom do I want my transfer payable and where should it be sent?  Wyoming Retirement System Name/Trustee of Defined Benefit Plan - Required (To whom the check is made payable) 6101 Yellowstone Rd. Suite 500	continue to the next section after continue to the next section after continue to the next section.  Cheyenne, WY 82002  City/State/Zip Code

	Last Name	First Name	M.I.	Social Security Number	93001-01/-02 Number	
D	How do I want my transfer delivered?  Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer.  (Continue to the next section after completing the next section after the next section after completing the next section after the next section after completing the next section after the next					
	<ul><li>Check by USPS Regular Mail</li><li>Estimated delivery time is 7-10</li></ul>	) business days				

- · No additional charge
- □ Check by Express Delivery
  - Estimated delivery time is 1-2 business days
  - A non-refundable charge of up to \$30.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
  - · Available for delivery, Monday Friday, with no signature required upon delivery
  - If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.

#### ☐ Wire Transfer

- I understand that to have my proceeds sent as a Wire Transfer, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Authorized Plan Administrator Signature' section of this form. If either the required documentation is not attached or my signature is not notarized or witnessed, my proceeds will not be sent by Wire Transfer and a check will be mailed to the address of record.
- · Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
- <u>MUST</u> include a letter on financial institution letterhead signed by a representative from the receiving institution which provides the wire transfer instructions. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.
- Additional fees may apply at the receiving financial institution.
- Service Provider is not responsible for inaccurate wire transfer instructions.

# E Signatures and Consent (Signatures must be on the lines provided.) (After receiving ALL required signatures, continue to the next section.)

My Consent (Please sign on the 'My Signature' line below.)

I acknowledge that I have read, understand and agree to all pages of this Purchase of Service Credits Transfer Request and the Purchase of Service Credits Transfer Guide and affirm that all information that I have provided is true and correct. Pursuant to the enclosed Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan, I hereby authorize the transfer of deferred (pre-tax) funds in the amount indicated above from my Governmental 457(b) Plan for the purpose of purchasing retirement service credits. I understand the following:

- 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.
- Under penalty of perjury, I certify that the Social Security Number or Taxpayer Identification Number shown in Section A is correct. I am a U.S. Person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form.
- 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 website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.
- · Additional authentication may be necessary before my withdrawal is processed and/or payment released.
- My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and
  other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service
  Provider for a withdrawal quote at 1-800-701-8255.

				93001-01/-02		
Last Name	First Name	M.I.	Social Security Number	Number		
Signatures and Consent	(Signatures must be on the lines provi	ided.)	(After receiving ALL required signat	ures, continue to the next section		
My Consent (Please sign on a	My Consent (Please sign on the 'My Signature' line below.)					
Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.  Before signing this form: My signature must be notarized by a Notary Public or witnessed by my authorized Plan Administrator if I am requesting a Wire Transfer. If I use a Notary Public, the date that I sign this form must match the date of the Notary Public signature.						
			Date (Requiling Indicate Date (Requiling Indicate Date )			
My Signature Notarization	My Signature Notarization					
My signature notarization is only required if I am requesting a Wire Transfer - May also be witnessed in the 'My Authorized Plan Administrator Signature' section below.						
For Residents of all states	For Residents of all states (except California), please have your notary complete the section below.					
Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by Notary on the stat notary form: the title of the form, the plan name, the plan number, the document date, and my name. Notary forms not containing this informatio will be rejected and it will delay this request.						
The date I sign this form in	the 'My Consent' section must	match the date o	n which my signature is notarize	ed.		
Statement of Notary	NOTE: Notary seal must be This request was subscribe		firmed) to before me			
State of)	on this day of	, year _	, by	SEAL		
County of)	proved to me on the basis of appeared before me.			V		
Notany Public			My commissio	n evnires / /		
Notary Public My commission expires /						
My Authorized Plan Adm	My Authorized Plan Administrator Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.)					
I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from the Plan an notices required by law. I approve this transfer as it is presented on this form.						
The recordkeeping system hall money sources.)	as the accurate vesting percentage	ge unless otherwis	se indicated below. (Please be advis	ed that balances may not exist		
ERB 1 - EMPLOYER		T				
If the participant request includes instructions for Wire Transfer and the participant's signature is not notarized, I have persona knowledge and hereby certify that this request was submitted and signed by the participant.						
I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form						
Authorized Plan Administrator Si	gnature		Date (Req	uired)		
	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						
Where should I send this	Where should I send this form?					
Participant forward this for Wyoming Retirement System 6101 Yellowstone Road, Suit Cheyenne, WY 82002 Phone: 1-800-989-9324		n of Eligibility/Acc	ceptance Letter to:			

Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC. GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Fax: 1-307-777-3621

# Purchase of Service Credits Transfer Guide - Governmental 457(b)

# The Purchase of Service Credits Transfer Request

#### Before completing the form, please note the following information:

- All pages of the Purchase of Service Credits Transfer Request form ("Transfer Form") must be returned <u>excluding</u> the Purchase of Service Credits Transfer Guide.
- Neither this Guide nor this Transfer Form are intended to provide tax or legal advice. In the preparation of this Transfer Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- Empower Retirement ("Service Provider") cannot release the funds until my employer confirms that I am entitled to take a transfer from the Plan.
- If I would like a different withdrawal option other than Purchase of Service Credits, I need to complete either the In-Service Withdrawal form, if I am still employed with the Employer/Company sponsoring this Plan or the Separation from Employment Withdrawal form, if I am no longer working for the Employer/Company sponsoring this Plan.
- · If I have more than one account or plan number, I must complete a separate Transfer Form for each account or plan number.

#### Changes to My Request

 Any changes to this Transfer Form must be crossed-out and initialed. If I do not initial all changes, this Transfer Form may be returned to me for verification.

#### Incomplete or Inaccurate Information

• In the event that any section of this Transfer Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Transfer Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

#### Section A: What is my personal information?

- · All information in this section must be completed.
- · The name provided MUST match the name on file with Service Provider.
- · Personal information will be kept confidential.
- If I am a non-resident alien, I must attach, to each withdrawal request, a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- I may call 1-800-TAX-FORM (829-3676) or visit http://www.irs.gov to obtain a current version of an IRS Form W-8BEN.

# Section B: How much am I requesting?

- · I must enter the amount that I would like transferred, up to and including the amount shown on the Notification of Eligibility/Acceptance letter.
- If my Plan charges any distribution fees or I choose an optional delivery method that has a fee, these will be added to the amount approved for a transfer, thereby increasing the amount disbursed from my account by the amount of these fees.

# Section C: To whom do I want my transfer payable and where should it be sent?

It is my responsibility to make sure that the Name/Trustee of the Defined Benefit Plan information provided is accurate. Service Provider is not
responsible for misdirected payments due to an incorrect address.

### Section D: How do I want my transfer delivered?

- Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order <u>and</u> additional/required information from my employer.
- · I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by regular mail.
- · Below is a description of each delivery option.

# Check by USPS Regular Mail

- · Estimated delivery time is 7-10 business days
- · No additional charge

# **Check by Express Delivery**

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$30.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase
  of service credit transfer amount requested.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- · Delivery is not guaranteed to all areas

# Wire Transfer

- · Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase
  of service credit transfer amount requested.
- Additional fees may apply at the receiving financial institution.
- I <u>MUST</u> verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.
- I also <u>MUST</u> attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following
  wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA
  Routing Number and 'For Further Credit to' Name and Account Number.

### **Section E: Signatures and Consent**

· Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.

# My Consent

- My signature and the date are required.
- · I attest to receiving, reading, understanding and agreeing to all provisions of this Transfer Form and the Purchase of Service Credits Guide.

- It is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and that the Plan into which I am transferring money over will accept the dollars.
- · Once a payment has been processed, it cannot be changed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.

# My Signature Notarization

Wire Transfer

• If I have requested for my withdrawal to be delivered as a Wire Transfer, I must have my signature notarized or witnessed by my authorized Plan Administrator. If my signature is not notarized or witnessed by my authorized Plan Administrator or if the required documentation is missing, a check will be mailed to the address of record.

## My Authorized Plan Administrator Signature

• My Authorized Plan Administrator's signature and completed vesting information are required in order for this Transfer Form to be processed.

#### Section F: Where should I send this form?

• Once I have completed this Transfer Form, including obtaining all signatures, I must forward it and the Notification of Eligibility/Acceptance letter according to the instructions listed in this section.

## **Important Note**

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at www.wrsdcp.com or call Client Service at 1-800-701-8255.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems
  upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure
  documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before
  investing.