

Contra Costa County Deferred Compensation Plan

100019-01

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 <https://www.contracosta457.com> to track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Transfer Guide ("Guide"), contact Service Provider at 1-833-457-2626 or visit the website at www.contracosta457.com.
- Use black or blue ink when completing this form.

A 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

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Social Security Number or Taxpayer Identification Number
(Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

(The name provided MUST match the name on file with Service Provider.)

()

Email Address

Daytime Phone Number

()

Payroll Center

Alternate Phone Number



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 W-8BEN information.)

B How much am I requesting?

(Continue to the next section after completing.)

Purchase of Service Credits

Amount: \$ _____ (Enter the requested amount - Any amount up to and including the amount shown on the Notification of Eligibility/Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the requested amount.)

I must include the Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan with my completed Purchase of Service Credits Transfer form.

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

(Continue to the next section after completing.)

Name/Trustee of Defined Benefit Plan - Required (To whom the check is made payable)

Mailing Address

City/State/Zip Code

()

Defined Benefit Plan Identification or Account Number

Phone Number

D How do I want my transfer delivered?

(Continue to the next section after completing.)

Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.

- If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- If I would like to make a change to what I previously selected, I must cross-out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.

Last Name

First Name

M.I.

Social Security Number

D **How do I want my transfer delivered?** *(Continue to the next section after completing.)*
Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.

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 \$25.00 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 Plan Administrator Witnessing' 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.
- ***MUST* 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 1-833-457-2626.**

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.)*

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.

My Signature _____ **Date (Required)** _____
A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

My Signature Notarization

My signature notarization is only required if I am requesting a Wire Transfer - May also be witnessed in the 'My Plan Administrator Witnessing' section below.

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 state notary form: the title of the form, the plan name, the plan number, the document date, and my name. Notary forms not containing this information will be rejected and it will delay this request.

The date I sign this form in the 'My Consent' section must match the date on which my signature is notarized.

Statement of Notary **NOTE: Notary seal must be visible.**
 This request was subscribed and sworn *(or affirmed)* to before me
 State of _____) on this _____ day of _____, year _____, by _____ **SEAL**
)ss. **(name of participant)** _____
 County of _____) proved to me on the basis of satisfactory evidence to be the person who
 appeared before me.

Notary Public _____ My commission expires ____ / ____ / ____
A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

My Plan Administrator Signature Witnessing My Signature *(Please sign on the 'Plan Administrator Signature' line below.)*

If the participant request includes instructions for Wire Transfer and the participant's signature is not notarized, I have personal 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.

Plan Administrator Signature _____ **Date (Required)** _____
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 _____

F Where should I send this form?

After all signatures have been obtained, this form and a copy of the Notification of Eligibility/Acceptance letter can be

Faxed to:	OR	Sent Regular Mail to:	OR	Sent Express Mail to:
Empower Retirement 1-866-745-5766		Empower Retirement PO Box 173764 Denver, CO 80217-3764		Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.

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 **excluding** 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.
- 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 \$25.00 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 MUST 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 MUST 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 Plan Administrator Signature Witnessing My Signature

- By signing this section, my Plan Administrator signature is certifying that they have witnessed my signature.
- If my Plan Administrator will not sign that they are witnessing the signature, I must obtain the applicable notarization.

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.
- If I have elected to fax this Transfer Form to Service Provider, I need to allow 2-4 hours for receipt before I check on the status.
- We will not accept hand delivered forms at Express Mail addresses.

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.contracosta457.com or call Client Service at 1-833-457-2626.
- 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.