

Incoming Rollover Election

Last Name	First Name	MI	Social Security Number
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Previous Provider Information:

Company Name	Account Number
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Mailing Address _____

City/State/Zip Code	() Phone Number
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Required Documentation

If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from a previous employers plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type, plan name, and if applicable, Roth first contribution date and Roth contribution amounts.

If you do not have this information on the statement, please have your Previous Plan Administrator complete the applicable fields below. Also provide the signature of the previous employer as Plan Administrator.

The name of the distributing plan is _____

(hereinafter referred to as the "Plan"). The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designated or intended to be tax qualified under the Code and meets the requirements of a

- Qualified 401(a) or 401(k) plan
- 403(b) plan
- 457(b) for governmental plans

(2) The amounts are eligible for rollover as described in Code section 402(c).

(3) Employer/employee before-tax contribution and earnings: \$ _____

(4) For Rollovers from designated Roth accounts:

Roth first contribution date: _____

Roth contributions (no earnings): _____

Roth earnings: _____

(5) For In-plan Roth Transfers/Rollovers:

Roth recapture amount: _____

Roth recapture date(s): _____

Roth contributions (no earnings): _____

Roth earnings: _____

(6) Signature of previous employer:

I am authorized to sign as Plan Administrator of the previous employer.

Signature of "Plan Administrator" _____

Printed Name of "Plan Administrator" _____

Title _____

Company Name _____ Date _____

Phone Number _____ Email Address _____

Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

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Investment Option Information - Please refer to your Plan 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 rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
American Funds 2010 Target Date Fund R6...	RFTTX	RFTTX	_____	Vanguard REIT Index - Admiral.....	VGSLX	VGSLX	_____
American Funds 2015 Target Date Fund R6...	RFJTX	RFJTX	_____	Vanguard Small Cap Growth Index Admiral...	VSGAX	VSGAX1	_____
American Funds 2020 Target Date Fund R6...	RRCTX	RRCTX	_____	Vanguard Small Cap Value Index Admiral....	VSIAX	VSIAX	_____
American Funds 2025 Target Date Fund R6...	RFDTX	RFDTX	_____	Vanguard Mid-Cap Value Index Admiral.....	VMVAX	VMVAX	_____
American Funds 2030 Target Date Fund R6...	RFETX	RFETX	_____	Vanguard Mid-Cap Growth Index Admiral....	VMGMX	VMGMX	_____
American Funds 2035 Target Date Fund R6...	RFFTX	RFFTX	_____	Vanguard 500 Index Fund - Admiral.....	VFIAX	VFIAX	_____
American Funds 2040 Target Date Fund R6...	RFGTX	RFGTX	_____	Vanguard Dividend Growth Inv.....	VDIGX	VDIGX	_____
American Funds 2045 Target Date Fund R6...	RFHTX	RFHTX	_____	Vanguard LifeStrategy Cnsvr Gr Inv.....	VSCGX	VSCGX	_____
American Funds 2050 Target Date Fund R6...	RFITX	RFITX	_____	Vanguard LifeStrategy Growth Inv.....	VASGX	VASGX	_____
American Funds 2055 Target Date Fund R6...	RFKTX	RFKTX	_____	Vanguard LifeStrategy Income Inv.....	VASIX	VASIX	_____
American Funds Income Portfolio R-6.....	RINGX	RINGX	_____	Vanguard LifeStrategy Moderate Growth.....	VSMGX	VSMGX	_____
Vanguard Developed Markets Index Inv.....	VDVIX	VDVIX	_____	Vanguard Interm-Term Bond Index Adm.....	VBILX	VBILX	_____
Vanguard Emerging Mkts Stock Idx Adm.....	VEMAX	VEMAX	_____	Vanguard Long-Term Bond Index Inv.....	VBLTX	VBLTX	_____
Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX	_____	Vanguard Short-Term Treasury Adm.....	VFIRX	VFIRX	_____
				MUST INDICATE WHOLE PERCENTAGES =100%			

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling over are in fact eligible for such treatment.

I authorize these funds to be allocated into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

I understand that I am permitted to direct the investment of my accounts in the Plan. I acknowledge that I have received and reviewed the information about my investment choices and have had an opportunity to freely choose how my accounts are invested. I understand and agree that my employer and other plan fiduciaries will not be liable for the results of my investment directions. **All funds rolled in the Advisors Excel, LLC 401(k) P/S Plan are subject to the terms of the Advisors Excel, LLC 401(k) P/S Plan.**

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the rollover assets ("assets") the same as my most recent investment election on file (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 by my Plan, the funds will be returned to the payor. If additional assets from the same source are received more than 180 calendar days after Service Provider receives the initial assets, I authorize Service Provider to allocate all monies received the same as my most recent investment election on file with Service Provider. I understand I must call 1-866-360-1192, Option 3 or access the Web site in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Rollover Election form, I understand Service Provider will require the submission of a new form for approval. Assets will not be invested until after approval is granted. Forms and documentation received after market close will be reviewed for approval the following business day. I understand that this completed form must be received by Service Provider at the address indicated in the Required Signature section of this form.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make rollovers.

Incoming Rollover Election

Last Name

First Name

MI

Social Security Number

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 on this form. 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. I understand and agree that Service Provider will not be liable for the results of my investment directions.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors.

Outstanding Loan Balance - An outstanding loan balance cannot be included in the rollover. However, you may pay off the outstanding loan balance *before* this rollover is submitted. After the loan is paid off, you may submit this rollover request. If you do not pay off the outstanding loan balance, you may rollover only the cash value (not including the loan) from the Plan that has the outstanding loan.

Payment Instructions

If you have already contacted your previous provider to initiate your rollover distribution, or have already received a rollover check, use the payment and mailing instructions below. If you are mailing this form only, see instructions below.

Make check payable to:

Great-West Trust Company, LLC

Regular mail address for the

check and form (if mailed together):

Great-West Trust Company, LLC

PO Box 560512

Denver, CO 80256-0512

Include the following information on the check:

Participant Name, Social Security Number,

Plan Number, Plan Name

Wire instructions:

Account of: Great-West Trust Company, LLC

Bank: US Bank

Account no: 103674551637

Routing transit no: 102000021

Attention: Financial Control

Reference: Participant Name, Social Security Number,

Plan Number, Plan Name

Overnight mail address for the

check and form (if mailed together):

US Bank

10035 East 40th Avenue Suite 100

Attn Lockbox 560512 DN-CO-OCLE

Denver, CO 80238

Contact: Empower Retirement

Phone: 1-888-411-4015

Mailing/Fax Instructions if sending this form only

If you have not received a rollover check or initiated your rollover distribution with your previous provider, send this form only to us. Please fax this form to 1-866-745-5766 or mail to:

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

After your request has been received and processed, we will contact you to initiate your distribution from the other provider. You can also call a dedicated specialist at 1-866-360-1192, Option 3, if you have any questions about the status of your incoming rollover request.

Incoming Rollover Election

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

Required Signature - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Rollover Election form. I affirm that all information provided is true and correct. If a rollover is requested, I certify that: 1) I was entitled to a rollover distribution as a participant; 2) the distribution was not a series of periodic payments, required minimum distribution, hardship distribution, excess contribution(s) or Roth IRA assets; 3) if a regular 60-day rollover, the rollover contribution is being made to the Plan within 60 days from the date I received my distribution; and 4) that the entire amount is being rolled over from an "eligible retirement plan" within the meaning of Code Section 402.

I understand that an election to rollover to this Plan from another plan or IRA may result in significant tax consequences to me. I am responsible for any income tax or penalties for the election I made in this form. I acknowledge that Service Provider has not provided any tax or investment advice. I acknowledge that if I need financial or tax advice related to this rollover election, it is my responsibility to consult with my personal financial and/or tax advisor.

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 or fax 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 (GWL&A), 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.

Step-by-Step Instructions for Rollover Contributions

Advisors Excel, LLC 401(k) P/S Plan offers you the opportunity to "roll over" the distribution you receive from your previous employer's plan or IRA. The following information and instructions are designed to help you through this process. If you have any questions, please contact a dedicated specialist at 1-866-360-1192, Option 3.

Determine Whether Your Contribution Is a Direct Rollover or a Regular 60-Day Rollover.

- **Direct Rollover:** Your previous plan or annuity makes the distribution check payable directly to Great-West Trust Company, LLC.
- **Regular 60-Day Rollover:** Your previous plan or annuity makes the distribution check payable to you.

If You Are Electing a Direct Rollover

- Complete the Participant Information section of the Incoming Rollover Election form.
- Complete the Rollover Information section choosing Direct Rollover and the applicable Internal Revenue Code ("Code") plan type on the form.
- Complete the Previous Provider Information section.
- Complete the Required Documentation section. Please attach a copy of most recent account statement to the Incoming Rollover Election form. If your most recent account statement does not indicate the Code plan type and Plan Name of your previous employer's plan, you must ALSO have your previous employer sign the Incoming Rollover Election form. For an IRA, please verify the account statement indicates the account is an IRA.
- For a Direct Rollover from an IRA please note: The maximum amount eligible for rollover is the total amount of your taxable IRA contributions plus earnings. Non-taxable IRA contributions may not be rolled over. If your rollover amount was held in a conduit IRA and you were born before January 1, 1936, you may be eligible for capital gains treatment. In this instance, you may want to track these rollover amounts in order to be eligible for favorable tax treatment. If the amounts were from a SIMPLE IRA, you would have had to participate in the SIMPLE IRA for a minimum of two years.
- **If you have already received a rollover check, send this form and the check together to the appropriate address shown in the Payment Instructions section.**
- **If you do not have a rollover check, and have not initiated a distribution from the other provider,**
 1. **Send this form with appropriate documentation described on this form.**
 2. **In order to complete the rollover, the previous provider must be contacted and instructed to distribute the assets. If you would like assistance with contacting the other carrier, please contact a dedicated specialist at 1-866-360-1192, Option 3.**
- Send your completed Incoming Rollover Election form with required documentation attached to:

DO NOT SEND PAYMENT TO THE ADDRESS BELOW.

Empower Retirement
PO Box 173764
Denver, CO 80217-3764
Or fax to 1-866-745-5766

- Service Provider will review your request and required documentation to determine if your rollover can be accepted into the Plan. If information is missing, we will contact you for more information.
- After your request has been received and processed, we will contact you to initiate your distribution from the other carrier.

If You Are Electing a Regular 60-Day Rollover

- Complete the Participant Information section of the Incoming Rollover Election form.
- Complete the Rollover Information section choosing Regular 60-Day Rollover and the applicable Code. Please send a copy of the check stub, showing the amount of the distribution and withholding, from the previous provider.
- Complete the Previous Provider Information section.
- Complete the Required Documentation section. Attach a copy of most recent account statement to the Incoming Rollover Election form. If your most recent account statement does not indicate the Code plan type and Plan Name of your previous employer's plan, you must ALSO have your previous employer sign the Incoming Rollover Election form.
- **Please Note:** If you are making a "Regular 60-Day Rollover" under Federal Regulations, you have 60 (sixty) days from the date you receive your distribution to make a rollover contribution. After 60 days, Service Provider cannot accept your rollover contribution. It is your responsibility to ensure that Service Provider receives all required documentation **AND** your rollover contribution prior to the expiration of the 60-day period. There are no exceptions to the 60-day rule. You will be responsible for any income tax or tax penalties for failure to meet the 60-day rule for rollover contributions when information is not provided and the rollover contribution is not made within the 60-day period.

- To avoid any income tax consequences, you must roll over your entire gross distribution (including any income tax withholding). If you roll over less than your gross distribution, the amount not rolled over will be subject to income tax and may be subject to excise tax.

- Send the Incoming Rollover Election form to:

DO NOT SEND PAYMENT TO THE ADDRESS BELOW.

Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Or fax to 1-866-745-5766

- **If you have already received a rollover check**, send this form and the check together to the appropriate address shown in the Payment Instructions section.

- Service Provider will review your request and required documentation to determine if your rollover can be accepted into the Plan. If information is missing, we will contact you for more information.

Endorse the rollover check to:

Great-West Trust Company, LLC,

OR

If your rollover check has already been cashed, please send in a cashier's check or certified check made payable to Great-West Trust Company, LLC. Do not send in a personal check or a money order.

Some Important Rollover Facts

- All required documentation must be received in good order. We must review and confirm that the rollover contribution can be accepted into your Plan before your rollover contribution will be invested in the Plan.
- In the event that a rollover contribution is made that cannot be accepted, the rollover contribution will be made payable and returned to the issuer. Please contact a dedicated specialist at 1-866-360-1192, Option 3, if you have any questions about your incoming rollover options for this Plan.
- Examples of Contributions Which Cannot Be Rolled Over:
 - Any "required minimum distribution" (i.e., amount being paid to you because you are age 70 1/2 or older).
 - Distributions that are a series of periodic payments (made at least annually) and paid to you over your life expectancy (or the life expectancy of you and your beneficiary) or for a period of at least 10 years.
 - Hardship Distributions
 - Unforeseeable Emergency Distributions
 - Excess Contributions
 - Roth IRA Assets
- An election to rollover to this Plan from another plan or IRA may result in significant tax consequences to you. You are responsible for any income tax or penalties for the election made in this form.
- Review decisions related to your qualified plan distribution with your financial advisor or tax advisor.

Read this information carefully.