



**Incoming Contract Exchange/Direct Rollover
403(b) Plan**

The Christian and Missionary Alliance Retirement Plan

95803-01

Participant Information

Last Name			First Name			MI			Social Security Number															
Address - Number & Street												E-Mail Address												
City				State				Zip Code				Mo			Day			Year			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()						()						Date of Birth			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried							
Home Phone						Work Phone																		

Payroll Information

Payroll Center Name						Payroll Center Number					
Division Name						Division Number					

Contract Exchange/Direct Rollover Information

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

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

I am choosing a: (choose only one)

- Contract Exchange from another investment provider under the Plan.
- Direct Rollover from a:
 - 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											

Previous Provider must complete for contract exchanges:

Employer earnings: \$_____ Employee earnings: \$_____

Employer contributions: \$_____ Employee contributions: \$_____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Last Name First Name M.I. Social Security Number

Previous Provider must complete for contract exchanges and direct rollovers from previous plans:

12/31/86 values: \$ _____ For 403(b)(1) plans only - 12/31/88 values: \$ _____

If no historical account value information is provided within 60 days of Service Provider's receipt of the funds, I understand that Service Provider will treat the entire exchanged amount as attributable to post-December 31, 1988 values.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

Roth contributions (no earnings): \$ _____

Amount of Contract Exchange/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.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this exchange/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar cost averaging call the Voice Response System or access our Web site.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Alliance Development Fund.....	N/A	CMAADF	_____	TIAA-CREF Lifecycle Index Ret Inc Inst.....	TRILX	TRILX	_____
Prudential High-Yield Q.....	PHYQX	PHYQX	_____	TIAA-CREF Lifecycle Index 2060 Instl.....	TVIIX	TVIIX	_____
Prudential Total Return Bond Z.....	PDBZX	PDBZX	_____	TIAA-CREF Lifecycle Index 2055 Instl.....	TTIIX	TTIIX	_____
Templeton Global Bond R6.....	FBNRX	FBNRX	_____	TIAA-CREF Lifecycle Index 2050 Instl.....	TLLIX	TLLIX	_____
American Century Growth R6.....	AGRDX	AGRDX	_____	TIAA-CREF Lifecycle Index 2045 Instl.....	TLXIX	TLXIX	_____
Invesco Growth and Income R6.....	GIFFX	GIFFX	_____	TIAA-CREF Lifecycle Index 2040 Instl.....	TLZIX	TLZIX	_____
Steward Large Cap Enhanced Index Inst.....	SEECX	SEECX	_____	TIAA-CREF Lifecycle Index 2035 Instl.....	TLYIX	TLYIX	_____
Vanguard 500 Index Admiral.....	VFIAX	VFIAX	_____	TIAA-CREF Lifecycle Index 2030 Instl.....	TLHIX	TLHIX	_____
ASTON/Fairpoint Mid Cap I.....	ABMIX	ABMIX	_____	TIAA-CREF Lifecycle Index 2025 Instl.....	TLQIX	TLQIX	_____
JPMorgan Mid Cap Value Instl.....	FLMVX	FLMVX	_____	TIAA-CREF Lifecycle Index 2020 Instl.....	TLWIX	TLWIX	_____
Columbia Small Cap Value Fund II R5.....	CRRRX	CRRRX	_____	TIAA-CREF Lifecycle Index 2015 Instl.....	TLFIX	TLFIX	_____
Cohen & Steers Instl Realty Shares.....	CSRIX	CSRIX	_____	TIAA-CREF Lifecycle Index 2010 Instl.....	TLTIX	TLTIX	_____
Prudential Jennison Natural Resources Q.....	PJNQX	PJNQX	_____	Principal SmallCap Growth I Instl.....	PGRTX	PGRTX	_____
American Funds EuroPacific Gr R6.....	RERGX	RERGX	_____	Steward Small-Mid Cap Enhanced Idx Inst.....	SCECX	SCECX	_____
Oppenheimer Developing Markets I.....	ODVIX	ODVIX	_____				
				MUST INDICATE WHOLE PERCENTAGES			= 100%

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for contract exchange/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am exchanging/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 contract exchange/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 Contract Exchange/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 the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59½; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account(s)

Last Name

First Name

M.I.

Social Security Number

Number

Authorized Plan Administrator Approval

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Contract Exchange/Direct Rollover form. The Plan accepts the participant's direct rollover contribution from the prior employer's plan and has determined the funds are eligible for direct rollover. If applicable, the Plan authorizes this participant's contract exchange from the provider under this plan listed in the Previous Provider section of this form and has determined that funds are eligible for an exchange into this contract.

**Authorized Plan Administrator Signature
for Current Employer's Plan**

Date

**Authorized Plan Administrator Signature
for Previous Employer's Plan**
(for direct rollovers)

Date

Plan Administrator 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.

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