ALLIANCE BENEFITS
Compassion, Integrity, Respect.

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

## The Christian and Missionary Alliance Retirement Plan 95803-01

### 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
Date of Birth

❑ Female ❑ Male

❑ Married ❑ Unmarried

( ) Home Phone

( ) Work Phone

### Payroll Information

Payroll Center Name

Payroll Center Number

Division Name

Division Number

### Contract Exchange/Direct Rollover Information

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.

**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.

| Last Name | First Name | M.I. | Social Security Number | 95803-01 Number |
|---|---|---|---|---|

**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

| NAME | TICKER | CODE | % |
|---|---|---|---|
| Alliance Development/Orchard Alliance | N/A | CMAADF | _____ |
| PGIM High-Yield R6 | PHYQX | PHYQX | _____ |
| PGIM Total Return Bond Z | PDBZX | PDBZX | _____ |
| Templeton Global Bond R6 | FBNRX | FBNRX | _____ |
| American Century Growth R6 | AGRDX | AGRDX | _____ |
| Columbia Dividend Income Adv | CVIRX | CVIRX | _____ |
| Steward Large Cap Enhanced Index Inst | SEECX | SEECX | _____ |
| Vanguard Institutional Index I | VINIX | VINIX | _____ |
| Vanguard Mid Cap Index Ins | VMCIX | VMCIX | _____ |
| Columbia Small Cap Value II Instl 2 | CRRRX | CRRRX | _____ |
| Principal SmallCap Growth I Instl | PGRTX | PGRTX | _____ |
| Steward Small-Mid Cap Enhanced Idx Inst | SCECX | SCECX | _____ |
| Cohen & Steers Instl Realty Shares | CSRIX | CSRIX | _____ |
| Vanguard Materials Index Adm | VMIAX | VMIAX | _____ |
| American Funds EuroPacific Gr R6 | RERGX | RERGX | _____ |

INVESTMENT OPTION

| NAME | TICKER | CODE | % |
|---|---|---|---|
| Invesco Oppenheimer Developing Mrkts R6 | ODVIX | ODVIX | _____ |
| TIAA-CREF Lifecycle Index Ret Inc Inst | TRILX | TRILX | _____ |
| TIAA-CREF Lifecycle Index 2010 Instl | TLTIX | TLTIX | _____ |
| TIAA-CREF Lifecycle Index 2015 Instl | TLFIX | TLFIX | _____ |
| TIAA-CREF Lifecycle Index 2020 Instl | TLWIX | TLWIX | _____ |
| TIAA-CREF Lifecycle Index 2025 Instl | TLQIX | TLQIX | _____ |
| TIAA-CREF Lifecycle Index 2030 Instl | TLHIX | TLHIX | _____ |
| TIAA-CREF Lifecycle Index 2035 Instl | TLYIX | TLYIX | _____ |
| TIAA-CREF Lifecycle Index 2040 Instl | TLZIX | TLZIX | _____ |
| TIAA-CREF Lifecycle Index 2045 Instl | TLXIX | TLXIX | _____ |
| TIAA-CREF Lifecycle Index 2050 Instl | TLLIX | TLLIX | _____ |
| TIAA-CREF Lifecycle Index 2055 Instl | TTIIX | TTIIX | _____ |
| TIAA-CREF Lifecycle Index 2060 Instl | TVIIX | TVIIX | _____ |
| **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) is subject to the terms of the group annuity contract issued and/or 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 I have received current prospectuses for the investment options available to me.

**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.

**Contract Exchange/Direct Rollover Information -** I understand that Contract Exchanges are exchanges of 403(b) funds between authorized 403(b) investment providers under this Plan. Contract Exchanges are not considered to be "distributions" from the Plan. I affirm that the funds I elect to exchange to this 403(b) provider under this Plan or directly roll over to the Plan are eligible to be exchanged or rolled over.

## Payment Instructions

**Make check payable to:**
GREAT-WEST 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:** Great-West 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):**
GREAT-WEST 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 Retirement
**Phone #:** 1-866-467-7756

**If sending the "form" only,** please fax to 1-866-745-5766 or follow the mailing instructions above. 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 Contract Exchange/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 or fax as shown above in the Payment Instructions section

**Securities offered by GWFS Equities, Inc., Member FINRA/SIPC, marketed under the Empower brand, and/or other broker-dealers.** GWFS is affiliated with Great-West Funds, Inc.; Great-West Trust Company, LLC; and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC, marketed under the Great-West Investments™ brand.