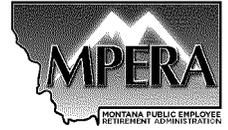


**Incoming Transfer/Direct Rollover
Governmental 457(b) Plan**



State of Montana Deferred Compensation Plan

98469-01

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	
()				()				Home Phone				Date of Birth				<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried						
Work Phone																								

Payroll Information

Division Name						Division Number					
Agency Name						Agency Number					

Transfer/Direct Rollover Information

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

I am choosing a:

- Transfer from a governmental 457(b) plan.
- Direct Rollover from a governmental 457(b) plan.
 - Non-Roth \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth \$ _____ (employee contributions and earnings)
- Direct Rollover from a qualified:
 - 401(a) plan
 - 401(k) plan
 - 403(b) plan
- 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:

Employer/employee before-tax earnings and contributions: \$ _____

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

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

Roth first contribution date: _____

Roth contributions (no earnings): \$ _____

Amount of Transfer/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 transfer/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar cost averaging call KeyTalk® or access our Web site.

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
T. Rowe Price Retirement 2005 Fund	TRRFX TRRFX	___	Oppenheimer Developing Markets Y	ODVYX ODVYX	___
T. Rowe Price Retirement 2010 Fund	TRRAX TRRAX	___	Vanguard Small Cap Growth Index	VISGX VISGX	___
T. Rowe Price Retirement 2015 Fund	TRRGX TRRGX	___	Vanguard Small Cap Index Signal	VSISX VSISX	___
T. Rowe Price Retirement 2020 Fund	TRRBX TRRBX	___	Columbia Mid Cap Value Z	NAMAX NAMAX	___
T. Rowe Price Retirement 2025 Fund	TRRHX TRRHX	___	Munder Mid-Cap Core Growth A	MGOAX MGOAX	___
T. Rowe Price Retirement 2030 Fund	TRRCX TRRCX	___	Neuberger Berman Genesis Fund - Trust	NBGEX NB-GEN	___
T. Rowe Price Retirement 2035 Fund	TRRJX TRRJX	___	Calvert Equity Portfolio A	CSIEX CSIEX	___
T. Rowe Price Retirement 2040 Fund	TRRDY TRRDY	___	Fidelity Contrafund	FCNTX FD-CNT	___
T. Rowe Price Retirement 2045 Fund	TRRKX TRRKX	___	Vanguard Equity-Income Adm	VEIRX VEIRX	___
T. Rowe Price Retirement 2050 Fund	TRRMX TRRMX	___	Vanguard Institutional Index Fund	VINIX VG-IND	___
T. Rowe Price Retirement 2055 Fund	TRRNX TRRNX	___	Vanguard Balanced Index Fund - Inst'1	VBAIX VBAIX	___
T. Rowe Price Retirement Income Fund	TRRIX TRRIX	___	Neuberger Berman High Income Bond Inv	NHINX NHINX	___
American Funds New Perspective R4	RNPEX RNPEX	___	PIMCO Total Return Fund - Admin	PTRAX PI-TRT	___
Artisan International Inv	ARTIX ARTIX	___	Montana Fixed Fund	MONT MONT	___
Dodge & Cox International Stock	DODFX DODFX	___	MUST INDICATE WHOLE PERCENTAGES = 100%		
Mutual Global Discovery Z	MDISX MDISX	___			

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/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 transfer/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 Transfer/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 KeyTalk® 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 transfers, direct rollovers and/or distributions. I understand that I must contact the Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make transfers/direct rollovers.

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 in the Investment Option Information section. 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.

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.

Last Name

First Name

MI

Social Security Number

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

Dept 0877

Denver, CO 80256-0877

**Overnight mail address for the check and form
(if mailed together):**

US Bank

10035 East 40th Avenue

Dept #0877

Denver, CO 80238

Contact: Great-West Retirement Services®

Phone #: 1-877-699-4015

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.

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 Transfer/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

Participant forward to Plan Administrator/Trustee

Authorized Plan Administrator/Trustee Approval

I acknowledge and agree that the Plan Administrator/Trustee for the Previous Employer's Plan is released from and the Plan Administrator/Trustee for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

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

Date

Plan Administrator forward or fax as shown above
in the Payment Instructions section

Great-West FinancialSM refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FASCore, LLC.