Incoming Transfer/Direct Rollover Governmental 457(b) Plan

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Advised Assets Group, LLC ("AAG"). If you have not yet elected to have your account professionally managed by AAG and would like to enroll in the Managed Accounts Service, call 1-877-457-9327.

Wisconsin Deferred Compensation Program — 98971-01

Participant Information

Last Name | First Name | MI

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

Mo Day Year ❑ Female ❑ Male

Date of Birth

( ) Home Phone

( ) Work Phone

Payroll Information - For office use only

Payroll Center Name

Payroll Center Number

Division Name

Division Number

Transfer/Direct Rollover Information

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
    - ❑ 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

Amount of Transfer/Direct Rollover: $___________ (Enter approximate amount if exact amount is not known.)

Last Name	First Name	MI	Social Security Number

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

NAME	TICKER	CODE	%
Vanguard Target Retirement Income Inv........	VTINX	VTINX	____
Vanguard Target Retirement 2015 Inv...........	VTXVX	VTXVX	____
Vanguard Target Retirement 2025 Inv...........	VTTVX	VTTVX	____
Vanguard Target Retirement 2035 Inv...........	VTTHX	VTTHX	____
Vanguard Target Retirement 2045 Inv...........	VTIVX	VTIVX	____
Vanguard Target Retirement 2055 Inv...........	VFFVX	VFFVX	____
American Funds EuroPacific Gr R6.............	RERGX	RERGX	____
BlackRock EAFE Equity Index Coll T..........	N/A	10EAFE	____
BlackRock Russell 2000 Index Coll T...........	N/A	06RUSW	____
DFA US Micro Cap I............................	DFSCX	DFSCX	____
BlackRock Mid Cap Equity Index - Coll F......	N/A	04MDWS	____

INVESTMENT OPTION

NAME	TICKER	CODE	%
T. Rowe Price Instl Mid-Cap Equity Gr.........	PMEGX	PMEGX	____
Calvert Equity I.................................	CEYIX	CEYIX	____
Fidelity Contrafund.............................	FCNTX	FD-CNT	____
Vanguard Institutional Index Instl Pl............	VIIIX	VIIIX	____
Vanguard Wellington Adm......................	VWENX	VWENX	____
BlackRock US Debt Index Fund Coll W........	N/A	05USDW	____
Federated US Government Securities 2-5yr.....	FIGTX	FE-GOV	____
Vanguard Long-Term Investment Grade Adm...	VWETX	VWETX	____
FDIC Bank Option...............................	N/A	WIFDI2	____
Stable Value Fund................................	N/A	WISSVF	____
MUST INDICATE WHOLE PERCENTAGES			**= 100%**

Participant Acknowledgements

Advised Assets Group, LLC - If I have elected to have my account professionally managed by Advised Assets Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

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

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:
Bank: US Bank
Account of: Wells Fargo Bank, N.A.
Account no: 103655774398
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
Dept. 0889
Denver, CO 80256-0889

Overnight mail address for the check and form (if mailed together):
US Bank
10035 East 40th Avenue
Dept #0889
Denver, CO 80238
Contact: Great-West Retirement Services®
Phone #: 1-877-457-9327

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:
Wisconsin Deferred Compensation
5325 Wall Street, Suite 2755
Madison, WI 53718
Phone #: 1-877-457-9327
Fax #: 1-608-241-6045
E-Mail: wdcprogram@gwrs.com
Web site: www.wdc457.org