

**Incoming Rollover
403(b) Plan**



Adventist Retirement Plan

93406-01

Do not send payment with this form. Once your rollover is approved, Service Provider will contact you and provide payment instructions.

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

Rollover Information

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

Before investing your rollover contribution, Empower Retirement ("Service Provider") must first receive all required documentation and approve your rollover request. Rollover contributions received before approval is granted will not be invested until after approval is granted. The amount received before this form is approved may be returned to the issuer. See enclosed Step-by-Step Instructions for Rollover Contributions.

I am choosing a Direct Rollover from a:

- Qualified 401(a) (Profit Sharing, Money Purchase or State Optional Retirement Plan (State ORP))
- Qualified 401(k) plan
 - Non-Roth \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth \$ _____ (all contributions and earnings)
- 403(b) plan
 - Non-Roth \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth \$ _____ (all contributions and earnings)
- Governmental 457(b) Plan
- Traditional IRA (non-deductible contributions/basis may not be rolled over)

Retirement Allowance (For ARP Use Only)

- 401(a) Plan - Hospital: RA/Lump Sum
 - 403(b) Plan - Church: RA/Lump Sum
- Provider: Adventist Retirement Plan (Defined Benefit)
12501 Old Columbia Pike
Silver Spring, MD 20904

I am choosing a Regular 60-Day Rollover from a:

- Qualified 401(a) Plan (Profit Sharing or Money Purchase)
- Qualified 401(k) Plan
- 403(b) Plan
- Governmental 457(b) Plan
- Traditional IRA (Non-deductible contributions/basis may not be rolled over)

A copy of the original distribution check stub must be attached

Last Name

First Name

M.I.

Social Security Number

93406-01
Number

Previous Provider Information:

Adventist Retirement Plan (Defined Benefit) *can be/should be blank*

Company Name

Account Number

12501 Old Columbia Pike

Mailing Address

Silver Spring, MD 20904

City/State/Zip Code

()
Phone Number

Previous Provider must complete for 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 transferred amount as attributable to post-December 31, 1988 values.

Required Documentation

Indicate the required documents enclosed:

For Rollovers from an IRA

Most recent Account Statement or Final Distribution Statement from previous IRA provider showing the Internal Revenue Code (i.e. Traditional IRA or 408)

For Rollovers from All Other Eligible Plans (Non IRA)

Most recent Account Statement or Final Distribution Statement from previous employer's plan showing the Internal Revenue Code and plan name.

If the Internal Revenue Code and plan name are not reflected on the account statement and the Final Distribution Statement from previous employer's plan is not provided, ALSO obtain the following certification and signature of the Previous Employer of the distributing plan:

The name of the distributing plan is _____
(hereinafter referred to as the plan). The Plan Administrator of the Previous Employer's plan certifies to the best of their knowledge that:

(1) The plan is designed or intended to be and meets the requirements of (please check one):

- Qualified 401(a) plan
- Qualified 401(k) plan
- 403(b) plan
- Governmental 457(b) plan

(2) To the extent applicable, consent requirements have been satisfied prior to a rollover

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

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

(5) For Rollovers from designated Roth accounts:

Roth first contribution date: _____

Roth contributions (no earnings): _____

Authorized Plan Administrator/Trustee

Signature for Previous Employer's Plan _____

Name (print)

Title

Company Name

Date

Last Name _____ First Name _____ M.I. _____ 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.

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 1-866-467-7756.

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

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	%
Great West SecureFoundation Bal Instl.....	MXCJX	V8IBLZ	_____	SDA Large Cap Equity Index Fund Class B.....	N/A	SDA-F2	_____
American Funds EuroPacific Gr R4.....	REREX	REREX	_____	Vanguard Growth & Income Adm.....	VGIAX	VGIAX	_____
Dodge & Cox International Stock.....	DODFX	DODFX	_____	PIMCO All Asset Instl.....	PAAIX	PAAIX	_____
SDA International Equity Index B.....	N/A	SDA-F1	_____	PIMCO Real Return Admin.....	PARRX	PARRX	_____
T. Rowe Price International Stock Fund.....	PRITX	TR-INS	_____	SDA Total Market Bond Index Fund B.....	N/A	SDA-F5	_____
Vanguard REIT Index I.....	VGSNX	VGSNX	_____	SDA Short Term Bond Index Fund B.....	N/A	SDA-F3	_____
Columbia Small Cap Value Fund II R4.....	CLURN	CLURN	_____	Vanguard Interm-Term Investment-Grade Ad...	VFIDX	VFIDX	_____
Victory Munder Mid Cap Core Growth Y.....	MGOYX	MGOYX	_____	Vanguard Interm-Term Treasury Adm.....	VFIUX	VFIUX	_____
SDA Small-Mid Cap Equity Index Fund B.....	N/A	SDA-F4	_____	Galliard Adventist Retirement MGD INC FD...	N/A	SDA-F6	_____
American Century Equity Income.....	TWEIX	20-EQI	_____	Vanguard Federal Money Market Inv.....	VMFXX	VMFXX	_____
Dodge & Cox Stock Fund.....	DODGX	DC-SF	_____				
				MUST INDICATE WHOLE PERCENTAGES			= 100%

In addition to the investment options above, your Plan offers Great-West SecureFoundation® II. If you are interested in allocating funds to Great-West SecureFoundation® II, please initiate a transfer by calling 1-866-696-8232 or by accessing the web site at www.empower-retirement.com/participant. If you have begun your Guaranteed Annual Withdrawals, additional transfers into SecureFoundation funds can be initiated by completing a SecureFoundation Transfer Election form. Please call us at 1-866-696-8232 for more details.

Participation Agreement

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 are in fact eligible for such treatment.

I authorize these funds to be rolled into my employer's Plan and to be invested according to the information specified in the Investment Option Information section. If I elect to direct my own investments, 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.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by the Plan (if I do not have an investment election on file). If no default investment option is selected by the Plan, the funds will be returned to the payor as required by law. If additional asset from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Rollover form (this "form"), 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 the Voice Response System at 1-866-467-7756 or access the Web site at www.empower-retirement.com/participant 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 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. 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 provided on this form.

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 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.

Asset Allocation Models - If your ongoing allocations are being directed to an Asset Allocation Model, your total account will be rebalanced, including your rollover funds, at the next scheduled frequency. To make a change to your account, access the Web site.

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.

Step-by-Step Instructions for Rollover Contributions

Participant Instructions

Adventist Retirement Plan offers you the opportunity to "roll over" the distribution you receive from your previous Employer's Plan or your IRA. The following information and instructions are designed to help you through this process. If you have any questions, please contact the Voice Response System at 1-866-467-7756.

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

Direct Rollover

Return this Incoming Rollover Request form (fully completed),
plus, required supporting documentation, (see Required Documentation section) to:

DO NOT SEND PAYMENT TO THE ADDRESS BELOW.

Regular Mail Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Overnight Express 8515 E. Orchard Road
Greenwood Village, CO 80111

Phone 1-866-467-7756
Fax 1-866-745-5766

Regular 60-Day Rollover

Return this Incoming Rollover Request form (fully completed),
plus, copy of stub from other investment provider/company's distribution check,
plus, required supporting documentation, (see Required Documentation section) to:

DO NOT SEND PAYMENT TO THE ADDRESS BELOW.

Regular Mail Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Overnight Express 8515 E. Orchard Road
Greenwood Village, CO 80111

Phone 1-866-467-7756
Fax 1-866-745-5766

Send no check with this form. Once your rollover is approved, Empower Retirement will contact you and provide payment instructions.

IMPORTANT INFORMATION AND REMINDERS

This form must arrive at Empower Retirement prior to the transaction proceeds. Rollover contributions received before transaction approval will not be invested until approval is granted.

In the event that a rollover contribution is made that can not be accepted, the rollover contribution will be made payable to and returned to the issuer.

Examples of contributions that can not be rolled over:

Any required minimum distributions (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.

Review decisions related to your qualified plan distribution with your financial advisor or your tax advisor.

If Electing a Direct Rollover

For a Direct Rollover from a Traditional IRA please note: The maximum amount eligible is the total amount of your deductible IRA contributions plus earnings. Non-deductible 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 Electing a Regular 60-Day Rollover

If choosing a Regular 60-Day Rollover, remember to send a copy of the check stub from the previous provider, showing the amount of distribution and withholding.

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.