

**Incoming Direct Rollover  
401(k) Plan**

**Progressive Services, Inc. 401(k) Salary Reduction Plan**

**503260-01**

**Participant Information**

_____ Last Name	_____ First Name	_____ MI <i>(The name provided MUST match the name on file with Service Provider.)</i>	_____ Social Security Number		
_____ Address - Number & Street			_____ E-Mail Address		
_____ City	_____ State	_____ Zip Code	_____ Mo	_____ Day	_____ Year
(____) _____ Home Phone	(____) _____ Work Phone		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
_____ Date of Birth					

**Direct Rollover Information**

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct Rollover, as allowed by your Plan, from a qualified:
  - 401(a) Plan
  - 401(k) Plan
  - Governmental 457(b) Plan
  - 403(b) Plan
- Direct Rollover from a Traditional IRA, as allowed by your Plan (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 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 rollover the same as my existing ongoing allocations.

**(B) Select Your Own Investment Options**

**Please Note: For automatic dollar-cost averaging, call or access our Web site.**

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Pensionmark Smart Lifecycle 2020.....	N/A	PNMK20	_____	Vanguard Small Cap Growth Index Admiral....	VSGAX	VSGAX	_____
Pensionmark Smart Lifecycle 2025.....	N/A	PNMK25	_____	Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	_____
Pensionmark Smart Lifecycle 2030.....	N/A	PNMK30	_____	Vanguard Mid-Cap Growth Index Admiral.....	VMGMX	VMGMX	_____
Pensionmark Smart Lifecycle 2035.....	N/A	PNMK35	_____	Vanguard Mid-Cap Value Index Admiral.....	VMVAX	VMVAX	_____
Pensionmark Smart Lifecycle 2040.....	N/A	PNMK40	_____	BlackRock Mid Cap Equity Index Fee Cl 6.....	N/A	WTMCE6	_____
Pensionmark Smart Lifecycle 2045.....	N/A	PNMK45	_____	DFA US Large Cap Growth Instl.....	DUSLX	DUSLX	_____
Pensionmark Smart Lifecycle 2050.....	N/A	PNMK50	_____	JPMorgan Equity Income R6.....	OIEJX	OIEJX	_____
Pensionmark Smart Lifecycle 2055.....	N/A	PNMK55	_____	BlackRock Russell 1000 Index Fee Cl 6.....	N/A	WTLCE6	_____
Pensionmark Smart Lifecycle 2060.....	N/A	PNMK60	_____	AB Global Bond Z.....	ANAZX	ANAZX	_____

Last Name

First Name

M.I.

Social Security Number

**INVESTMENT OPTION**

<b>NAME</b>	<b>TICKER</b>	<b>CODE</b>	<b>%</b>
Pensionmark Smart Lifecycle Retirement.....	N/A	PNMKRT	_____
American Funds New World R6.....	RNWGX	RNWGX	_____
Oppenheimer International Growth I.....	OIGIX	OIGIX	_____
Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX	_____
BlackRock Russell 2000 Index Fee Cl 6.....	N/A	WTSCE6	_____
DFA Real Estate Securities I.....	DFREX	DFREX	_____
DFA US Targeted Value I.....	DFVX	DFVX	_____

**INVESTMENT OPTION**

<b>NAME</b>	<b>TICKER</b>	<b>CODE</b>	<b>%</b>
Oppenheimer Total Return Bond I.....	OPBIX	OPBIX	_____
Pioneer Strategic Income K.....	STRKX	STRKX	_____
Vanguard Total Bond Market Index Admiral....	VBTLX	VBTLX	_____
Vanguard Total Intl Bd Idx Admiral.....	VTABX	VTABX	_____
Guaranteed Interest Fund.....	GWGIF	GWGIF	_____
<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>

**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 transferred into my employer's Plan and to be invested according to the information 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 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 investment election on file). If no default investment option is selected by my Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming 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 at 1-800-338-4015 or access Web site at empowemyretirement.com 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 Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. 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 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 direct rollovers.

**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.

**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.

**Outstanding Loan Balance** - An outstanding loan balance cannot be included in the direct rollover. However, you may pay off the outstanding loan balance before this direct rollover is submitted. After the loan is paid off, you may submit this direct rollover request. If you do not pay off the outstanding loan balance, you may direct rollover only the cash value (not including the loan) from the contract that has the outstanding loan.

**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:****Account of:** Great-West Trust Company, LLC**Bank:** US Bank**Account no:** 103656586049**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 561148

Denver, CO 80256-1148

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

US Bank

10035 East 40th Avenue Suite 100

Dept 1148

Denver, CO 80238

**Contact:** Empower Retirement**Phone#:**

**If sending the "form" only**, please fax to 1-866-633-5212 or follow mailing instructions above. **Funds received will not be invested unless accompanied by a completed Incoming Direct Rollover form. Funds will be invested on the day that both a completed Incoming Direct Rollover form and funds are received prior to market close.** We will not accept hand delivered forms at Express Mail addresses.

\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
M.I.\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Number

**Required Signatures** - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form, including the Participant Acknowledgements. 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 to Plan Administrator/Trustee  
**Plan Administrator** forward or fax as shown above in the  
Payment Instructions section

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 Direct Rollover form.

\_\_\_\_\_  
**Authorized Plan Administrator/Trustee Signature**\_\_\_\_\_  
**Date**

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**For Current Employer's Plan**

\_\_\_\_\_  
**Print Full Name**

**Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers.** Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.