

**INCOMING TRANSFER/DIRECT ROLLOVER
GOVERNMENTAL 457(b) PLAN**



Kern County Deferred Compensation Plan

98424-01

Participant Information

Last Name		First Name	MI
Address - Number & Street			
City		State	Zip Code
()	()		
Home Phone		Work Phone	

Social Security Number _____

E-Mail Address _____

Mo Day Year Female Male

Date of Birth Married Unmarried

Payroll Information

Division Name	To be completed by Representative:	Division Number
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Transfer/Direct Rollover Information

I am choosing a:

- Transfer/Direct rollover from a governmental 457(b) plan.
- Direct rollover from an IRA.
- Transfer/Direct rollover from a qualified 401(a), 401(k) or 403(b) plan.

Previous Provider Information:

Company Name	Account Number
Mailing Address	
City/State/Zip Code	() Phone Number

Previous provider must complete:

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

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

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

Investment Option Information – Please refer to your marketing communication materials for investment option designations.

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

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>
Artisan International	ARTIX _____%	Fidelity Magellan Fund	FD-MAG _____%
Scudder Global Fund	SC-GLB _____%	Janus Olympus Fund	JAOLX _____%
Templeton Foreign Fund	TP-FOR _____%	Vanguard Institutional Index Fund	VG-IND _____%
Templeton Institutional Emerging Markets	TP-IEM _____%	Fidelity Asset Manager Fund	FD-AMG _____%
Dreyfus Founders Discovery – F	FDISX _____%	Vanguard Wellesley Income Fund	VG-WIF _____%
Fidelity Low Priced Fund	FD-LOP _____%	Harbor Bond Fund	HR-BF _____%
T. Rowe Price Mid Cap Growth Fund	TR-MCG _____%	PIMCO Foreign Bond Fund (Admin Class)	PFRAX _____%
Van Kampen Utility Fund	VKUAX _____%	Pioneer High Yield – A	TAHYX _____%
AIM Basic Value Fund	GTVLX _____%	Guaranteed Government Fund	KERN _____%
American Century Ultra Fund	20-ULT _____%	MSDW Inst U.S. Real Estate	MV-REI _____%
Fidelity Contrafund	FD-CNT _____%		

MUST INDICATE WHOLE PERCENTAGES

= 100%

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.



Last Name

First Name

MI

Social Security Number

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 on the first page of this form. 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 be only processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to: Wells Fargo Bank, N.A.

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):

Wells Fargo Bank, N.A.

Dept. 0889

Denver, CO 80256-0889

Regular mail address for the form only:

P.O. Box 173764, Denver, CO 80217-3764

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

US Bank

3550 Rockmont Dr

Mail Stop Dn-Co-Oclb Dept #0889

Denver, CO 80202

Contact: Wells Fargo Bank, N.A.

1-800-701-8255

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 Signatures – 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.

Participant Signature

Date

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.

Participant forward to Plan Administrator/Trustee

Plan Administrator forward to Service Provider at:

Great-West Retirement ServicesSM

P.O. Box 173764, Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-800-701-8255 **Fax#:** 1-303-737-4355

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

Date

**Authorized Plan Administrator/Trustee Signature
For Previous Employer's Plan
(for direct rollovers)**

Date