

**Incoming Direct Rollover  
401(k) 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, please call .

**Health Edge Software 401(k) Plan**

**1260192-01**

**Participant Information**

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

**Direct Rollover Information**

Current Plan Administrator must authorize by signing in the Required Signatures section.  
Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.  
I am choosing a:

- Direct Rollover, as allowed by your Plan, 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)
  - Governmental 457(b) Plan
  - 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, 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					

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

Roth first contribution date: \_\_\_\_\_  
Roth contributions (no earnings): \$ \_\_\_\_\_ Roth earnings: \$ \_\_\_\_\_

\_\_\_\_\_  
Previous Plan 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.*

Last Name

First Name

M.I.

Social Security Number

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.

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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	%
JPMorgan SmartRetirement 2020 R6.....	JTTYX	JTTYX	_____	Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	_____
JPMorgan SmartRetirement 2025 R6.....	JNSYX	JNSYX	_____	Columbia Mid Cap Index Instl 2.....	CPXRX	CPXRX	_____
JPMorgan SmartRetirement 2030 R6.....	JSMYX	JSMYX	_____	Eaton Vance Atlanta Capital SMID-Cap R6....	ERASX	ERASX	_____
JPMorgan SmartRetirement 2035 R6.....	SRJYX	SRJYX	_____	Virtus KAR Mid-Cap Core I.....	VIMCX	VIMCX	_____
JPMorgan SmartRetirement 2040 R6.....	SMTYX	SMTYX	_____	AB Core Opportunities I.....	ADGIX	ADGIX	_____
JPMorgan SmartRetirement 2045 R6.....	JSAYX	JSAYX	_____	iShares S&P 500 Index K.....	WFSPX	WFSPX1	_____
JPMorgan SmartRetirement 2050 R6.....	JTSYX	JTSYX	_____	Columbia Contrarian Core Instl 3.....	COFYX	COFYX	_____
JPMorgan SmartRetirement 2055 R6.....	JFFYX	JFFYX	_____	Invesco Dividend Income R6.....	IFUTX	IFUTX	_____
JPMorgan SmartRetirement Income R6.....	JSIYX	JSIYX	_____	Janus Henderson Balanced I.....	JBALX	JBALX	_____
Wells Fargo Index Asset Allocation Instl.....	WFATX	WFATX	_____	AB Global Bond I.....	ANAIX	ANAIX	_____
Fidelity International Index Premium.....	FSIVX	FSIVX	_____	DWS US Bond Index Instl.....	BTUSX	BTUSX	_____
Goldman Sachs Intl Equity Insights I.....	GCIIX	GCIIX	_____	Eaton Vance Short Duration Gov Inc I.....	EILDY	EILDY	_____
Templeton Developing Markets R6.....	FDEVX	FDEVX	_____	Goldman Sachs Infl Protected Secs Instl.....	GSIPX	GSIPX	_____
Templeton Global Balanced R6.....	FGGBX	TPGBR6	_____	Janus Flexible Bond I.....	JFLEX	JFLEX	_____
Thornburg International Growth R6.....	THGIX	THGIX	_____	Janus Henderson High-Yield I.....	JHYFX	JHYFX	_____
DWS Reef Real Estate Securities R6.....	RRRZX	RRRZX	_____	Neuberger Berman Strategic Income R6.....	NRSIX	NRSIX	_____
Wells Fargo Precious Metals I.....	EKWYX	EKWYX	_____	Key Guaranteed Portfolio Fund.....	N/A	KGPF	_____
Janus Henderson Triton N.....	JGMNX	JGMNX	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>
Janus Henderson Small Cap Value N.....	JDSNX	JDSNX	_____				

**Participation Agreement**

**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 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 empowermyretirement.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.

Last Name

First Name

M.I.

Social Security Number

Number

**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.

**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**

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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.

**Participant** forward to Plan Administrator/Trustee

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

**Authorized Plan Administrator/Trustee Signature**

**Date**

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**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.