

**Incoming Contract Exchange/Rollover
403(b) Plan**



Cooperative Babtist Fellowship 403(b)(9) Plan

93408-01

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

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																		

Payroll Information

Payroll Center Name						Payroll Center Number					
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Contract Exchange/Rollover Information

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

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

- I am choosing a Direct Rollover from a:**
 - Qualified 401(a) Plan (Profit Sharing or Money Purchase)
 - Qualified 401(k) Plan
 - Governmental 457(b) Plan
 - 403(b) Plan
 - Traditional IRA. (Non-deductible contributions/basis may not be rolled over.)

- I am choosing a Regular 60-Day Rollover from a:**
 - Qualified 401(a) Plan (Profit Sharing or Money Purchase)
 - Qualified 401(k) Plan
 - Governmental 457(b) Plan
 - 403(b) Plan
 - Traditional IRA. (Non-deductible contributions/basis may not be rolled over.)

A copy of the Original Distribution Check Stub must be attached.

- I am choosing a Contract Exchange from another investment provider under the Plan.**

Previous Provider Information:

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

Last Name

First Name

M.I.

Social Security Number

For Contract Exchanges, previous provider must complete and sign or attach documentation on previous provider's letterhead:

Employer contributions: \$ _____

Employer earnings: \$ _____

Before-Tax Employee contributions: \$ _____

Before-tax Employee earnings: \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Provider must complete for contract exchanges and 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 exchanged amount as attributable to post-December 31, 1988 values.

Authorized Plan Administrator Signature for Previous Employer's Plan

Date

A copy of the most recent account statement may be substituted for the previous Plan Administrator's signature if it lists the type of plan and shows that no after-tax monies are held in the account.

Required Documentation

Indicate the required documents enclosed:

For Rollovers from an IRA

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

For Rollovers from All Eligible Plans

- Most recent Account Statement or Final Distribution Statement from previous employer's Plan showing the Internal Revenue Code ("IRC") and Plan Name.

If the IRC and Plan Name are not reflected on this account statement, ALSO obtain the following certification and the signature of the Plan Administrator of the distributing Plan.

The name of the distributing Plan (the "Plan") is: _____

The Plan Administrator of the Plan certifies to the best of his or her 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
- Governmental 457(b) Plan
- 403(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 IRC Section 402(c).

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

Authorized Plan Administrator/Trustee
Signature for Previous Employer's Plan: _____

Name (Print)

Title

Company Name

Date

For Contract Exchanges from another Provider under this Plan

- Most recent Account Statement from another investment provider showing the Internal Revenue Code ("IRC") and this Plan Name. The previous provider must also complete the money type information in the Contract Exchange/Rollover Information section.

Last Name

First Name

M.I.

Social Security Number

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 exchange/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	%
Vanguard Target Retirement Income Inv.....	VTINX	VTINX	_____	Fidelity Small Cap Index.....	FSSNX	FSSNX	_____
Vanguard Target Retirement 2015 Inv.....	VTXVX	VTXVX	_____	Harbor Large Cap Value Retirement.....	HNLVX	HNLVX	_____
Vanguard Target Retirement 2020 Inv.....	VTWNX	VTWNX	_____	T. Rowe Price Instl Large Cap Core Gr.....	TPLGX	TPLGX	_____
Vanguard Target Retirement 2025 Inv.....	VTTVX	VTTVX	_____	Vanguard Total Stock Mkt Idx Adm.....	VTSAX	VTSAX	_____
Vanguard Target Retirement 2030 Inv.....	VTHRXX	VTHRXX	_____	Vanguard LifeStrategy Cnsvr Gr Inv.....	VSCGX	VSCGX	_____
Vanguard Target Retirement 2035 Inv.....	VTTTHX	VTTTHX	_____	Vanguard LifeStrategy Growth Inv.....	VASGX	VASGX	_____
Vanguard Target Retirement 2040 Inv.....	VFORX	VFORX	_____	Vanguard LifeStrategy Income Inv.....	VASIX	VASIX	_____
Vanguard Target Retirement 2045 Inv.....	VTIVX	VTIVX	_____	Vanguard LifeStrategy Moderate Growth.....	VSMGX	VSMGX	_____
Vanguard Target Retirement 2050 Inv.....	VFIFX	VFIFX	_____	BlackRock Total Return BlackRock K.....	MPHQX	MPHQX	_____
Vanguard Target Retirement 2055 Inv.....	VFFVX	VFFVX	_____	DFA Inflation-Protected Securities I.....	DIPSX	DIPSX	_____
Vanguard Target Retirement 2060 Inv.....	VTTSX	VTTSX	_____	Fidelity US Bond Index.....	FXNAX	FXNAX	_____
Vanguard Target Retirement 2065 Inv.....	VLXVX	VLXVX	_____	Guaranteed Interest Fund.....	N/A	GWGIF1	_____
Fidelity Total Intl Index Instl Premium.....	FTIHX	FTIHX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%
MFS Intl Diversification R6.....	MDIZX	MDIZX	_____				

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 empowermyretirement.com. 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.

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for exchange/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am exchanging/rolling are in fact eligible for such treatment.

I authorize these funds to be exchanged/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 and/or variable annuity funding accounts 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 group annuity contract issued and/or the Plan Document.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the contract exchange/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 assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Contract Exchange/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 Voice Response System at 1-800-701-8255 or access the website 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 Contract Exchange/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. 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 or Plan Administrator 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 or Plan Administrator 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. I understand that I must contact the Custodian or Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make exchanges/rollovers. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; 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.

Last Name

First Name

M.I.

Social Security Number

93408-01

Number

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.

Contract Exchange/Rollover Information - I understand that Contract Exchanges are exchanges of 403(b) funds between authorized 403(b) investment providers under this Plan. Contract Exchanges are not considered to be "distributions" from the Plan. I affirm that the funds I elect to exchange to this 403(b) provider under this Plan or roll over to the Plan are eligible to be exchanged or rolled over.

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

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 Contract Exchange/Rollover form. I affirm that all information provided is true and correct. If a rollover is requested, I certify that: 1) I was entitled to a distribution as a participant, not a beneficiary; 2) the distribution was neither one of a series of periodic payments, required minimum distribution nor a hardship distribution; 3) the rollover contribution is being made to the Plan within 60 days from the date that I received my distribution; 4) the entire amount being rolled over would be included in my income if it were not being rolled over; and 5) that the entire amount is being rolled over from an "eligible retirement plan" within the meaning of Code Section 402. If a contract exchange is requested, I certify that the contract exchange meets all of the requirements of contract exchanges within the same Plan under Section 403(b) regulations 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 website 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.

Securities offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC. GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment advisers, Advised Assets Group, LLC and Personal Capital. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Step-by-Step Instructions for Contract Exchanges or Rollover Contributions

Participant Instructions

Cooperative Baptist Fellowship 403(b)(9) Plan offers you the opportunity to “roll over” the distribution you receive from your previous Employer’s Plan or “exchange” the assets from a previous provider under this Plan. 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 1-800-701-8255.

Determine Whether Your Contribution is a Contract Exchange or Direct Rollover or a Regular 60-Day Rollover

Contract Exchange or Direct Rollover

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

DO NOT SEND PAYMENT TO THE ADDRESS BELOW

<u>Regular Mail</u>	Empower Retirement PO BOX 173764 Denver, CO 80217-3764
<u>Overnight Express</u>	8515 East Orchard Road Greenwood Village, CO 80111
<u>Phone</u>	1-800-701-8255
<u>Fax</u>	1-866-745-5766

Regular 60-Day Rollover

Return this Incoming Contract Exchange/Rollover 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

<u>Regular Mail</u>	Empower Retirement PO BOX 173764 Denver, CO 80217-3764
<u>Overnight Express</u>	8515 East Orchard Road Greenwood Village, CO 80111
<u>Phone</u>	1-800-701-8255
<u>Fax</u>	1-866-745-5766

Send no check with this form. Once your contract exchange or 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. Contract Exchanges or Rollover contributions received before transaction approval will not be invested until approval is granted.

In the event that a contract exchange or rollover contribution is made that can not be accepted, the contract exchange or 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 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 tax advisor.

If Electing a Direct Rollover

For a Direct Rollover from a Traditional IRA, please note: The maximum amount eligible is the total number 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 amount 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.

If Electing a Contract Exchange

Contract Exchange can be made only between approved providers under this Plan.