

**Incoming Transfer/Direct Rollover
Governmental 457(b) Plan**

City of Berkeley Deferred Compensation Plan

743225-01

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																		
City				State				Zip Code				E-Mail Address						
()			()			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				

To be Completed by Human Resources

Location Name						Location Number					
---------------	--	--	--	--	--	-----------------	--	--	--	--	--

Transfer/Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signature(s) section.

I am choosing a:

- Transfer from a governmental 457(b) plan.
- Direct Rollover from a governmental 457(b) plan.
- Direct Rollover from a qualified:
 - 401(a) plan
 - 401(k) plan
 - 403(b) plan
- Direct Rollover from a Traditional IRA. (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 Provider must complete:

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

Note: Unless otherwise indicated, 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 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 transfer/rollover the same as my existing ongoing allocations.

Last Name

First Name

M.I.

Social Security Number

(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	%
AB International Value A.....	N/A	S5856A	_____	Fidelity Advisor(R) Growth Opps M.....	N/A	S2159A	_____
American Century International Gr Inv.....	N/A	S3680A	_____	Fidelity Advisor(R) Growth & Income M.....	N/A	S2308A	_____
American Funds Capital World Gr&Inc R3.....	N/A	S5066A	_____	Hartford Capital Appreciation HLS IA.....	N/A	S1975A	_____
Hartford International Opp HLS IA.....	N/A	S2051A	_____	Hartford Stock HLS IA.....	N/A	S1845A	_____
Janus Henderson Global Research T.....	N/A	S2218A	_____	Invesco Diversified Dividend Investor.....	N/A	S5421A	_____
Putnam Emerging Markets Equity A.....	N/A	S3332A	_____	Invesco American Franchise A.....	N/A	S2247A	_____
Janus Henderson Overseas S.....	N/A	S2951A	_____	Janus Henderson Forty T.....	N/A	S3697A	_____
Invesco Real Estate A.....	N/A	S4834A	_____	Janus Henderson Research T.....	N/A	S3010A	_____
Invesco Technology Investor.....	N/A	S3466A	_____	MFS Core Equity A.....	N/A	S6105A	_____
MFS Utilities A.....	N/A	S3544A	_____	MFS Massachusetts Inv Gr Stk A.....	N/A	S3518A	_____
Hartford Small Company HLS IA.....	N/A	S1942A	_____	Putnam Sustainable Leaders A.....	N/A	S4422A	_____
AMG GW&K Small Cap Value N.....	N/A	S2275A	_____	T. Rowe Price Growth Stock Adv.....	N/A	S5601A	_____
State St Russell Sm Cap(R) Indx SL CI L.....	N/A	S5538A	_____	BlackRock S&P 500 Index V.I. L.....	N/A	S3198A	_____
Franklin Small-Mid Cap Growth A.....	N/A	S2478A	_____	Hartford Dividend and Growth HLS IA.....	N/A	S1780A	_____
Goldman Sachs Mid Cap Value A.....	N/A	S4304A	_____	American Century Balanced Inv.....	N/A	S2148A	_____
Hartford MidCap HLS IA.....	N/A	S2377A	_____	Fidelity Advisor(R) Balanced M.....	N/A	S2183A	_____
Janus Henderson Enterprise T.....	N/A	S3015A	_____	Invesco Equity and Income A.....	N/A	S4009A	_____
American Century Equity Income Inv.....	N/A	S3604A	_____	Janus Henderson Balanced T.....	N/A	S2447A	_____
American Century Disceplnd Cor Val Inv.....	N/A	S2333A	_____	Hartford Balanced HLS IA.....	N/A	S2017A	_____
American Century Select Inv.....	N/A	S2135A	_____	Calvert VP SRI Balanced I.....	N/A	S2088A	_____
American Century Ultra(R) Inv.....	N/A	S2110A	_____	BNY Mellon Core Plus Fund A.....	N/A	S3256A	_____
American Century Value Inv.....	N/A	S2355A	_____	Hartford Total Return Bond HLS IA.....	N/A	S1727A	_____
American Funds Growth Fund of Amer R3.....	N/A	S3645A	_____	Hartford Ultrashort Bond HLS IA.....	N/A	S1888A	_____
Fidelity Advisor(R) Value Strategies M.....	N/A	S2175A	_____	Loomis Sayles Bond Admin.....	N/A	S5586A	_____
Davis NY Venture A.....	N/A	S4148A	_____	Putnam High Yield A.....	N/A	S2422A	_____
DWS Core Equity S.....	N/A	S2294A	_____	General Account.....	N/A	TGBJA4	_____
BNY Mellon Sust US Equity A.....	N/A	S3436A	_____				

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.

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 the Voice Response System 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 in the Investment Option Information section. 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 only be processed from the date of notification forward and not on a retroactive basis.

Last Name

First Name

M.I.

Social Security Number

Number

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:****Bank:** PNC Bank**Account of:** Great-West Trust Company, LLC FBO Retirement Plans**Account no:** 1082035841**Routing transit no:** 043000096**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 825752
Philadelphia, PA 19182-5752**Overnight mail address for the check and form
(if mailed together):**PNC Bank
525 Fellowship Rd Suite 300
Lockbox # 825752
Mt Laurel, NJ 08054-3415
Contact: Empower Retirement
Phone #: 1-866-816-4400

If sending the "form" only, please fax to 1-866-633-5212 or follow the mailing instructions above. 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. We will not accept hand delivered forms at Express Mail addresses.

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 Transfer/Direct Rollover form. 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

Authorized Plan Administrator Approval

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

**Authorized Plan Administrator Signature
for Current Employer's Plan****Date**

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

Print Full Name

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

Securities, when presented, are 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 adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower Retirement is not affiliated with MassMutual, Talcott, or any of their respective affiliates.