



401(a) Incoming Transfer/Direct Rollover

General Retirement System of the City of Detroit 1998 Defined Contribution Plan

98974-01

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

_____	To be completed by	_____
Division Name	Representative:	Division Number

Transfer/Direct Rollover Information

I am choosing a:

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

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 \$ _____

After-tax contributions, if any \$ _____

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.

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.

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>	
Life Cycle Fund 2040	DT5-40	_____%	Merrill Lynch S&P 500 Equity Index Trust	MLD500	_____%
Life Cycle Fund 2030	DT4-30	_____%	T Rowe Price Growth Stock	PRGFX	_____%
Life Cycle Fund 2020	DT3-20	_____%	TCW Galileo Select Equities Fund	TGCEX	_____%
Life Cycle Fund 2010	DT2-10	_____%	Wellington Reserch Value Collec Inv II	WELRVL	_____%
Life Cycle Income Fund	DT1INC	_____%	Columbia High Yield Fund	CMHYX	_____%
Julius Baer International Equity I	JIEIX	_____%	Stable Value Fund	DETSVF	_____%
Harbor Small Cap Growth Fund - Instl	HASGX	_____%	Vanguard Prime Money Market	VMMXX	_____%
Harbor Small Cap Value Fund	HASCX	_____%	Western Asset Core Bond Institutional	WATFX	_____%
Dodge & Cox Stock Fund	DC-SF	_____%	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 only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
ORCHARD TRUST COMPANY, LLC

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:
Bank: US Bank
Account of: Orchard Trust Company, LLC
Account no: 103655774323
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):
ORCHARD TRUST COMPANY, LLC
Dept. 0877
Denver, CO 80256-0877

Regular mail address for the form only:
Great-West Retirement ServicesSM
6161 Busch Blvd, Suite 300
Columbus, OH 43229

Overnight mail address for the check and form (if mailed together):
US Bank
3550 Rockmont Dr
Mail Stop DN-CO-OCLEB Dept #0877
Denver, CO 80202
Contact: Great-West Retirement ServicesSM
Phone#: 1-800-284-0444

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
6161 Busch Blvd, Suite 300
Columbus, OH 43229
Phone#: 1-800-284-0444
Fax#: 1-614-847-0687
Web site: www.98dcp.com

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