

**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 1-800-338-4015.

Sygnetics, Inc. Retirement Plan

938410-01

Participant Information

Last Name			First Name			MI			Social Security Number								
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 Provider Must Complete:

After-tax cost basis \$ _____

After-tax earnings \$ _____

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

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 _____

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 Client Service Department or access our Web site.

<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %	<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %
Great-West Lifetime 2015 Fund II T1.....	G15M11	_____ %	Great-West S&P Mid Cap 400 Index Fund I.....	GMM120	_____ %
Great-West Lifetime 2025 Fund II T1.....	G25M11	_____ %	Great-West T Rowe Price MidCap Gr Fund I.....	GGE120	_____ %
Great-West Lifetime 2035 Fund II T1.....	G35M11	_____ %	RidgeWorth Mid-Cap Value Equity A.....	GRQ120	_____ %
Great-West Lifetime 2045 Fund II T1.....	G45M11	_____ %	American Funds Growth Fund of Amer R3.....	G95120	_____ %
Great-West Lifetime 2055 Fund II T1.....	G55M11	_____ %	Columbia Diversified Equity Income A.....	GCD120	_____ %
Great-West Conserv Profile II Fund I.....	G23120	_____ %	Great-West American Century Gr Fund I.....	GMA120	_____ %
Great-West Moderate Profile II Fund I.....	G21120	_____ %	Great-West S&P 500 Index Fund I.....	G94120	_____ %
Great-West Aggressive Profile II Fund I.....	G19120	_____ %	Great-West T. Rowe Price Eq Inc Fund I.....	G80120	_____ %
American Funds EuroPacific Growth R3.....	G92120	_____ %	Invesco Comstock R.....	GVS120	_____ %
Great-West International Index Fund I.....	GMI120	_____ %	JPMorgan Disciplined Equity A.....	GJD120	_____ %
Great-West MFS Intl Value Fund I.....	GGN120	_____ %	Marsico Focus.....	G25120	_____ %
Oppenheimer Global A.....	G86120	_____ %	Great-West Bond Index Fund I.....	GBB120	_____ %
Great-West Real Estate Index Initial.....	GEI120	_____ %	Great-West Loomis Sayles Bond Fund I.....	GBC120	_____ %
Great-West Ariel Mid Cap Value Fund I.....	GGD120	_____ %	Great-West US Govt Mortgage Secur Fund I.....	GBA120	_____ %
Great-West Invesco SmallCap Value Fund I.....	GGV120	_____ %	PIMCO Total Return Admin.....	G82120	_____ %
Great-West S&P SmallCap 600 Index Fund I.....	G93120	_____ %	Putnam Income A.....	GNP120	_____ %
ClearBridge Small Cap Growth A.....	GLI120	_____ %	Guaranteed Portfolio Fund.....	PORTII	_____ %
Royce Total Return K.....	GRK120	_____ %			
Fidelity Advisor Leveraged Co Stk - T.....	GFL120	_____ %			
			MUST INDICATE WHOLE PERCENTAGES		= 100%

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 KeyTalk® at 1-800-338-4015 or access Web site at www.empower-retirement.com/participant 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

Last Name

First Name

M.I.

Social Security Number

Number

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:
GREAT-WEST LIFE & ANNUITY

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

Wire instructions:

Account of: Great-West

Bank: Wells Fargo Bank, N.A.

Account no: 1018145977

Routing transit no: 121000248

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 LIFE & ANNUITY
PO Box 910184
Denver, CO 80291-0184

Overnight mail address for the check and form (if mailed together):
Wells Fargo Bank, N.A.
Great-West Dept 184
1700 Lincoln St Lower Level 3
Denver, CO 80274
Contact: Empower Retirement
Phone#: 1-800-338-4015

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.**

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. 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

Participant forward to Plan Administrator/Trustee
Plan Administrator forward or fax as shown above in the
Payment Instructions section

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.

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

Date

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.