

**Purchase of Service Credits Transfer Request
Governmental 457(b) Plan**

Town of Longmeadow Deferred Compensation Plan

340337-01

When would I use this form?

When I am requesting a transfer to purchase permissible service credits with my employer's governmental defined benefit plan.

- Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to redirect or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.

Additional Information

- Return Instructions for this form are in Section F.
- By logging into my account on the website at empowermyretirement.com, I may track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Transfer Guide ("Guide"), contact Service Provider at 1-888-672-7240 or visit the website at empowermyretirement.com.
- Use black or blue ink when completing this form.

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number or Taxpayer Identification Number
(Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

(The name provided MUST match the name on file with Service Provider.)

()

Daytime Phone Number

Email Address

()

Alternate Phone Number



Select One (Required):

- I am a U.S. Citizen or U.S. Resident Alien.
- I am a Non-Resident Alien or Other.

Required - Provide Country of Residence:

(See Instructions for IRS Form W-8BEN information.)

B How much am I requesting?

(Continue to the next section after completing.)

Purchase of Service Credits

Amount: \$ _____ *(Enter the requested amount - Any amount up to and including the amount shown on the Notification of Eligibility/Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the requested amount.)*

I must include the Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan with my completed Purchase of Service Credits Transfer form.

C To whom do I want my transfer payable and where should it be sent?

(Continue to the next section after completing.)

Name/Trustee of Defined Benefit Plan - Required *(To whom the check is made payable)*

Mailing Address

City/State/Zip Code

()

Defined Benefit Plan Identification or Account Number

Phone Number

D How do I want my transfer delivered?

(Continue to the next section after completing.)

Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer.

- If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- If I would like to make a change to what I previously selected, I must cross out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.
- Check by USPS Regular Mail**
 - Estimated delivery time is 7-10 business days
 - No additional charge

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

D	<p>How do I want my transfer delivered? <i>(Continue to the next section after completing.)</i></p> <p><i>Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer.</i></p> <p><input type="checkbox"/> Check by Express Delivery</p> <ul style="list-style-type: none"> • Estimated delivery time is 1-2 business days • A non-refundable charge of up to \$30.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested. • Available for delivery, Monday - Friday, with no signature required upon delivery • If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days. 																				
E	<p>Signatures and Consent <i>(Signatures must be on the lines provided.)</i> <i>(After receiving ALL required signatures, continue to the next section.)</i></p> <p>My Consent <i>(Please sign on the 'My Signature' line below.)</i></p> <p>I acknowledge that I have read, understand and agree to all pages of this Purchase of Service Credits Transfer Request and the Purchase of Service Credits Transfer Guide and affirm that all information that I have provided is true and correct. Pursuant to the enclosed Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan, I hereby authorize the transfer of deferred (pre-tax) funds in the amount indicated above from my Governmental 457(b) Plan for the purpose of purchasing retirement service credits. I understand the following:</p> <ul style="list-style-type: none"> • 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. • Under penalty of perjury, I certify that the U.S. Social Security number or U.S. Taxpayer Identification number I have provided in Section A is correct. I am a U.S. person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form. • Additional authentication may be necessary before my withdrawal is processed and/or payment released. • My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-888-672-7240. <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>My Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p> <p>My Authorized Plan Administrator Signature <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i></p> <p>I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from the Plan any notices required by law. I approve this transfer as it is presented on this form.</p> <p>I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form.</p> <p>Authorized Plan Administrator Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p> <p>Print Full Name _____</p>																				
F	<p>Where should I send this form?</p> <p>After all signatures have been obtained, this form and a copy of the Notification of Eligibility/Acceptance letter can be</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Uploaded Electronically:</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">Sent Regular Mail to:</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">Sent Express Mail to:</td> </tr> <tr> <td>Login to account at</td> <td></td> <td>Empower</td> <td></td> <td>Empower</td> </tr> <tr> <td>empowermyretirement.com</td> <td></td> <td>PO Box 173764</td> <td></td> <td>8515 E. Orchard Road</td> </tr> <tr> <td>Click on Upload Documents to submit</td> <td></td> <td>Denver, CO 80217-3764</td> <td></td> <td>Greenwood Village, CO 80111</td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>	Uploaded Electronically:	OR	Sent Regular Mail to:	OR	Sent Express Mail to:	Login to account at		Empower		Empower	empowermyretirement.com		PO Box 173764		8515 E. Orchard Road	Click on Upload Documents to submit		Denver, CO 80217-3764		Greenwood Village, CO 80111
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Purchase of Service Credits Transfer Guide - Governmental 457(b)

The Purchase of Service Credits Transfer Request

Before completing the form, please note the following information:

- All pages of the Purchase of Service Credits Transfer Request form ("Transfer Form") must be returned **excluding** the Purchase of Service Credits Transfer Guide.
- Neither this Guide nor this Transfer Form are intended to provide tax or legal advice. In the preparation of this Transfer Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- Empower ("Service Provider") cannot release the funds until my employer confirms that I am entitled to take a transfer from the Plan.
- **If I would like a different withdrawal option other than Purchase of Service Credits, I need to complete either the In-Service Withdrawal form, if I am still employed with the Employer/Company sponsoring this Plan or the Separation from Employment Withdrawal form, if I am no longer working for the Employer/Company sponsoring this Plan.**
- **If I have more than one account or plan number, I must complete a separate Transfer Form for each account or plan number.**

Changes to My Request

- Any changes to this Transfer Form must be crossed out and initialed. If I do not initial all changes, this Transfer Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Transfer Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Transfer Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- The name provided **MUST** match the name on file with Service Provider.
- Personal information will be kept confidential.
- If I am a non-resident alien, I must attach, to each withdrawal request, a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- I may call 1-800-TAX-FORM (829-3676) or visit irs.gov to obtain a current version of an IRS Form W-8BEN.

Section B: How much am I requesting?

- I must enter the amount that I would like transferred, up to and including the amount shown on the Notification of Eligibility/Acceptance letter.
- If my Plan charges any distribution fees or I choose an optional delivery method that has a fee, these will be added to the amount approved for a transfer, thereby increasing the amount disbursed from my account by the amount of these fees.

Section C: To whom do I want my transfer payable and where should it be sent?

- It is my responsibility to make sure that the Name/Trustee of the Defined Benefit Plan information provided is accurate. Service Provider is not responsible for misdirected payments due to an incorrect address.

Section D: How do I want my transfer delivered?

- Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order **and** additional/required information from my employer.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by regular mail.
- Below is a description of each delivery option.

Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge

Check by Express Delivery

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$30.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

Section E: Signatures and Consent

- **Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.**

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Transfer Form and the Purchase of Service Credits Guide.
- It is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and that the Plan into which I am transferring money over will accept the dollars.
- Once a payment has been processed, it cannot be changed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.

My Authorized Plan Administrator Signature

- My Authorized Plan Administrator's signature is required in order for this Transfer Form to be processed.

Section F: Where should I send this form?

- Once I have completed this Transfer Form, including obtaining all signatures, I must forward it and the Notification of Eligibility/Acceptance letter according to the instructions listed in this section.
- If I have elected to upload this Transfer Form to Service Provider, I need to allow 2-4 hours for receipt before I check on the status.
- We will not accept hand delivered forms at Express Mail addresses.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at empowermyretirement.com or call Client Service at 1-888-672-7240.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.