



457(b) Plan-to-Plan Transfer

kentuckydcp.ky.gov

Kentucky Deferred Compensation, 501 High Street, 2nd Floor, Frankfort, KY 40601
Phone: 502-573-7925 • Toll-free: 800-542-2667 • Fax: 502-573-4494

Please print. Use only blue or black ink.
Sign and date the bottom of the form
and return to our office for processing.

To the Current Investment Provider

Investment Provider Name: _____

Attention: _____ Account Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

I have an account in a governmental Section 457(b) plan administered by your company, estimated at \$ _____ as of (Date) _____. I hereby authorize you to affect a Plan-to-Plan Transfer to my 457(b) Plan Account with the Kentucky Public Employees' Deferred Compensation Authority.

Account Type

Pre-Tax Roth

FOR ROTH ASSETS:

Date of First Contribution: _____

Total Contributions \$ _____ + Earnings \$ _____ = Total Balance \$ _____

Personal Information

Name: _____ SSN or Account Number: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Mailing Address (New Address? Yes): _____

City: _____ State: _____ ZIP: _____

Email: _____

Employer Information

Employer Name: _____ Agent Code: _____

Selection of Investment Options

I understand that with Mutual Funds, there is no guarantee of principal. Also, there is no guarantee that any Mutual Fund's objective will be attained or will not change, as there is some uncertainty in every investment. I understand Nationwide will invest my initial Transfer/Rollover in the designated safe fund for the first seven calendar days before automatically moving the funds to the investment option(s) selected below.

Please select your option(s) below: Enter the percent of your Transfer/Rollover amount that you choose to have invested in each fund.

Percentages must total 100%

USE WHOLE PERCENTAGES ONLY

%	Fund Name	%	Fund Name
	Fixed Contract Fund - 3 ¹		Vanguard Target Ret Inc - Investor
	American Euro Pacific Growth - R6 ^{2,3}		Vanguard Target Ret 2020 - Investor
	Dodge & Cox International ²		Vanguard Target Ret 2025 - Investor
	Fidelity Growth Co Fund - K6		Vanguard Target Ret 2030 - Investor
	JPMorgan Equity Income Fund - R6		Vanguard Target Ret 2035 - Investor
	MetWest Total Return Bond Fund		Vanguard Target Ret 2040 - Investor
	Invesco Government & Agency Portfolio		Vanguard Target Ret 2045 - Investor
	Principal Small-MidCap Div Income Fund - R6		Vanguard Target Ret 2050 - Investor
	T Rowe Price Instl Mid-Cap Eq Gr ³		Vanguard Target Ret 2055 - Investor
	Vanguard Extended Market Index - Instl Plus		Vanguard Target Ret 2060 - Investor
	Vanguard Instl Index - Instl Plus		Vanguard Target Ret 2065 - Investor
	Vanguard Wellington - Admiral		Vanguard Target Ret 2070 - Investor
			Vanguard Tot Bond Mkt - Investor

¹Balances in the Fixed Contract Fund - 3 are restricted from being moved directly into the Invesco Government & Agency Portfolio.

²These funds are designated as restricted funds and thereby limited to four (4) trades (purchases or sales) per rolling 30-day period per restricted fund. Failure to adhere to these limits may result in additional trading restrictions.

³This fund imposes a Purchase Block.

NOTE: Each plan selected must add up to 100%. If your contribution amount does not total 100%, the remaining portion will be invested in the Target Date Fund based upon your date of birth.

Authorization

I hereby authorize the Authority Staff and its agents to assist me in filling out this form at my direction. I acknowledge that this is an administrative service only and such service does not constitute investment advice.

By my signature below, I certify that:

- I have reviewed and approve the accuracy of the information contained in this form.
- The information provided on this form is true, complete and accurate.
- The transfer is being made from a governmental 457(b) plan.
- My transfer does not include any amount from a rollover account in the transferring plan.
- My transfer complies with Kentucky Deferred Compensation 457(b) Plan-to-Plan transfer rules.
- I have had the opportunity to consult with my own tax advisor/accountant as to the tax consequences of my selections made on this form.

Signature: _____ **Date:** _____

Attention current Investment Institution:

Make the check payable to: KY Deferred Comp Authority for the account of the signer above.

Mail the check along with a completed and signed copy of this form to:

Kentucky Deferred Compensation, 501 High Street, 2nd Floor, Frankfort, KY 40601.

Thank you for your prompt attention to this request. If you have any questions, you may call the Authority at the numbers listed in the header of Page 1.