

**Incoming Contract Exchange/Direct Rollover
403(b) Plan**

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Empower Advisory Group, LLC ("EAG").

ICFG Retirement Plan

140083-01

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					

Payroll Information

Division Name						Division Number					
---------------	--	--	--	--	--	-----------------	--	--	--	--	--

Contract Exchange/Direct Rollover Information

I am choosing a: (choose only one)

- Contract Exchange from another investment provider under the Plan.
- Direct Rollover from a:
 - 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
 - Non-Roth \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth \$_____ (employee contributions and earnings)
 - 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. (Non-deductible contributions/basis may not be rolled over.)

Previous Provider Information:

Company Name						Account Number					
Mailing Address											
()						()					
City/State/Zip Code						Phone Number					

Last Name

First Name

M.I.

Social Security Number

Number

Required Documentation

If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from an employer sponsored retirement plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type, plan name, and if applicable, Roth first contribution date and Roth contribution amounts.

If you do not have this information on the statement, please have your Previous Plan Administrator complete the applicable fields below. Also provide the signature of the previous employer as Plan Administrator.

The name of the distributing Plan is _____
(hereinafter referred to as the "Plan"). The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designed or intended to be tax qualified under the Code and meets the requirements of a

Qualified 401(a) or 401(k) plan

403(b) Plan

457(b) for governmental plans

(2) The amounts are eligible for rollover as described in Code section 402(c).

(3) Employer/employee before-tax contribution and earnings: \$ _____

(4) For Rollovers from designated Roth accounts:

Roth first contribution date: _____

Roth contributions (no earnings): _____

Roth earnings: _____

(5) For In-plan Roth Transfers/Rollovers:

Roth recapture amount: _____

Roth recapture date(s): _____

Roth contributions (no earnings): _____

Roth earnings: _____

(6) Signature of previous employer:

I am authorized to sign as Plan Administrator of the previous employer.

Signature of "Plan Administrator" _____

Printed Name of "Plan Administrator" _____

Title _____

Company Name _____ Date _____

Phone Number _____ Email Address _____

Last Name

First Name

M.I.

Social Security Number

Number

Amount of Contract Exchange/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 exchange/rollover the same as my existing ongoing allocations.

(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	%
FPA Crescent.....	FPACX	FPACX	_____	Vanguard S&P Small-Cap 600 Index I.....	VSMSX	VSMSX	_____
Vanguard Target Retirement 2020 Inv.....	VTWNX	VTWNX	_____	Vanguard Small Cap Growth Index Admiral....	VSGAX	VSGAX	_____
Vanguard Target Retirement 2025 Inv.....	VTTVX	VTTVX	_____	Vanguard Small Cap Value Index Admiral.....	VSIAX	VSIAX	_____
Vanguard Target Retirement 2030 Inv.....	VTHRXX	VTHRXX	_____	American Beacon ARK Transfmt Innov R5.....	ADNIX	ADNIX	_____
Vanguard Target Retirement 2035 Inv.....	VTTTHX	VTTTHX	_____	Goldman Sachs Small/Mid Cap Growth Instl....	GSMYX	GSMYX	_____
Vanguard Target Retirement 2040 Inv.....	VFORX	VFORX	_____	JHancock Disciplined Value Mid Cap R6.....	JVMRX	JVMRX	_____
Vanguard Target Retirement 2045 Inv.....	VTIVX	VTIVX	_____	NYLI Fiera SMID Growth Class I.....	APSGX	APSGX	_____
Vanguard Target Retirement 2050 Inv.....	VFIFX	VFIFX	_____	Aristotle Value Equity CIT Class B.....	N/A	AVECLB	_____
Vanguard Target Retirement 2055 Inv.....	VFFVX	VFFVX	_____	Brown Advisory Sustainable Growth Inv.....	BIAWX	BIAWX	_____
Vanguard Target Retirement 2060 Inv.....	VTTSX	VTTSX	_____	Vanguard 500 Index Admiral.....	VFIAX	VFIAX	_____
Vanguard Target Retirement 2065 Inv.....	VLXVX	VLXVX	_____	Vanguard FTSE Social Index Admiral.....	VFTAX	VFTAX	_____
Vanguard Target Retirement 2070 Inv.....	VSVNX	VSVNX	_____	Vanguard Growth Index - Admiral.....	VIGAX	VIGAX	_____
Virtus Income & Growth A.....	AZNAX	AZNAX	_____	Vanguard Value Index - Admiral.....	VVIAX	VVIAX	_____
American Funds EuroPacific Growth Fund A...	AEPGX	AF-EPG	_____	Janus Henderson Balanced I.....	JBALX	JBALX	_____
Artisan International Value Instl.....	APHKX	APHKX	_____	Columbia Trust Total Return Bd 1.....	N/A	CTTRB1	_____
Invesco Developing Markets Y.....	ODVYX	ODVYX	_____	Federated Hermes Total Ret Bd CIF CL MS....	N/A	FHTRMS	_____
Vanguard Emerging Mkts Stock Idx Adm.....	VEMAX	VEMAX	_____	Legg Mason BW Global Opp Bond I.....	GOBIX	GOBIX	_____
Vanguard Developed Markets Index Adm.....	VTMGX	VTMGX	_____	PIMCO Income Instl.....	PIMIX	PIMIX	_____
Vanguard FTSE All-Wld ex-US SmCp Idx Adm	VFSAX	VFSAX	_____	T. Rowe Price US High Yield I.....	TUHIX	TUHIX	_____
Vanguard Total World Stock Index Admiral....	VTWAX	VTWAX	_____	Vanguard Total Bond Market Index Adm.....	VBTLX	VBTLX	_____
PGI CIT US Real Estate Secs CIT Tier I.....	N/A	PGIREI	_____	Guaranteed Income Fund.....	N/A	NCFABX	_____
Victory RS Partners Y.....	RSPYX	RSPYX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

Participant Acknowledgements

Empower Advisory Group, LLC - If I have elected to have my account professionally managed by Empower Advisory 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 contract exchange/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am exchanging/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 contract exchange/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 Contract Exchange/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 the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59½; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account(s) is subject to the terms of the group annuity contract issued and/or 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 I have received current prospectuses for the investment options available to me.

Asset Allocation Models - If your ongoing allocations are being directed to an Asset Allocation Model, your total account will be rebalanced, including your exchange/rollover funds, at the next scheduled frequency. To make a change to your account, access the Web site.

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.

Contract Exchange/Direct Rollover Information - I understand that Contract Exchanges are exchanges of 403(b) funds between authorized 403(b) investment providers under this Plan. Contract Exchanges are not considered to be "distributions" from the Plan. I affirm that the funds I elect to exchange to this 403(b) provider under this Plan or directly roll over to the Plan are eligible to be exchanged or rolled over.

Payment Instructions

Make check payable to:
Empower 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: Empower Trust Company, LLC
Account no: 103691394615
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):
Empower Trust Company, LLC
PO Box 561401
Denver, CO 80256-1401

Overnight mail address for the check and form (if mailed together):
US Bank
10035 East 40th Avenue Suite 100
ATTN Lockbox #561401 DN-CO-OCLB
Denver, CO 80238
Contact: Empower
Phone #: 1-866-467-7756

If sending the "form" only, please 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 Contract Exchange/Direct Rollover form. I affirm that all information provided is true and correct.

	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 as shown above in the Payment Instructions section

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc. (EFSI), Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.