Incoming Transfer/Direct Rollover
Governmental 457(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").

City Of Petaluma Deferred Compensation Plan — 743699-01

Participant Information

Last Name | First Name | MI

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

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

Mo | Day | Year

Date of Birth

❑ Female ❑ Male

( ) Home Phone

( ) Work Phone

❑ Married ❑ Unmarried

Transfer/Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signature(s) section.

I am choosing a:

- ❑ Transfer from a governmental 457(b) plan.
- ❑ Direct Rollover from a governmental 457(b) plan.
  - ❑ Non-Roth $_______________ (all contributions and earnings, excluding Roth contributions and earnings)
  - ❑ Roth $_______________ (employee contributions and earnings)
- ❑ Direct Rollover 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)
  - ❑ 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	743699-01 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
				743699-01

Amount of Transfer/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 transfer/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

NAME	TICKER	CODE	%
MM RetireSMART JPM 2030	N/A	S2633A	_____
MM RetireSMART JPM 2045	N/A	S2675A	_____
MM RetireSMART JPM 2020	N/A	S2603A	_____
MM RetireSMART JPM 2035	N/A	S2646A	_____
MM RetireSMART JPM IN RET	N/A	S2706A	_____
MM RetireSMART JPM 2050	N/A	S2691A	_____
MM RetireSMART JPM 2055	N/A	S2758A	_____
MM RetireSMART JPM 2025	N/A	S2617A	_____
MM RetireSMART JPM 2040	N/A	S2662A	_____
American Century International Gr Inv	N/A	S3694A	_____
Hartford International Opp HLS IA	N/A	S2079A	_____
Janus Henderson Global Research T	N/A	S2241A	_____
Hartford Healthcare HLS IA	N/A	S3323A	_____
Invesco Real Estate A	N/A	S4852A	_____
Invesco Technology Investor	N/A	S3481A	_____
MFS Utilities A	N/A	S3573A	_____
BNY Mellon Small Cap Stock Index Inv	N/A	S5020A	_____
Hartford Small Company HLS IA	N/A	S1966A	_____
Invesco Small Cap Growth Inv	N/A	S4117A	_____
AMG GW&K Small Cap Value N	N/A	S2291A	_____
Columbia Select Mid Cap Value A	N/A	S5153A	_____
BNY Mellon MidCap Index Inv	N/A	S5003A	_____
Hartford MidCap HLS IA	N/A	S2405A	_____
Janus Henderson Enterprise T	N/A	S3035A	_____

INVESTMENT OPTION

NAME	TICKER	CODE	%
American Century Discplnd Cor Val Inv	N/A	S2350A	_____
American Century Ultra(R) Inv	N/A	S2129A	_____
American Century Value Inv	N/A	S2368A	_____
DWS Core Equity S	N/A	S2305A	_____
Fidelity Advisor(R) Growth Opps M	N/A	S2171A	_____
Hartford Dividend and Growth HLS IA	N/A	S1818A	_____
Hartford Capital Appreciation HLS IA	N/A	S2005A	_____
Hartford Disciplined Equity HLS IA	N/A	S2936A	_____
Hartford Stock HLS IA	N/A	S1870A	_____
Invesco Diversified Dividend Investor	N/A	S5440A	_____
Janus Henderson Forty T	N/A	S3726A	_____
MFS Core Equity A	N/A	S6125A	_____
Parnassus Core Equity Investor	N/A	S4859A	_____
T. Rowe Price Growth Stock R	N/A	S5620A	_____
BlackRock S&P 500 Index V.I. I	N/A	S3230A	_____
Fidelity Advisor(R) Balanced M	N/A	S2193A	_____
Janus Henderson Balanced T	N/A	S2472A	_____
Hartford Balanced HLS IA	N/A	S2042A	_____
Calvert VP SRI Balanced I	N/A	S2103A	_____
BNY Mellon Core Plus Fund A	N/A	S3270A	_____
Hartford Total Return Bond HLS IA	N/A	S1766A	_____
Hartford Ultrashort Bond HLS IA	N/A	S1918A	_____
Putnam High Yield A	N/A	S2441A	_____
General Account	N/A	TGBJA4	_____
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 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.

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 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 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 in the Investment Option Information section. 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:

Empower Annuity Ins Co of America

Include the following information on the check:

Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Bank: PNC BANK
Account of: Empower Annuity Insurance Company of America
Account no: 1082035833
Routing transit no: 043000096
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 Annuity Ins Co of America
PO Box 825764
Philadelphia, PA 19182-5764

Overnight mail address for the check and form (if mailed together):

PNC BANK
525 Fellowship Rd Suite 330
Lockbox # 825764
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone #: 1-866-816-4400

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 Transfer/Direct Rollover form. I affirm that all information provided is true and correct.

Participant Signature **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 to Plan Administrator

Authorized Plan Administrator Approval

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

Authorized Plan Administrator Signature for Current Employer's Plan **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Plan Administrator forward as shown above in the Payment Instructions section

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.