

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DAY PHONE: _____ EVENING PHONE: _____
E-MAIL: _____ DATE OF BIRTH: ____/____/____

INSTRUCTIONS

Please use this form if you are an employee who has assets in the PERA SmartSave Plan and want to move your account balances (including any loan balance) from your previous employer to your current employer.

PLEASE NOTE: AN INCOMPLETE REQUEST FORM OR INSUFFICIENT DOCUMENTATION MAY RESULT IN A DELAY IN PROCESSING.

EMPLOYER INFORMATION

Previous Employer

NAME: _____ PLAN NUMBER : _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____

Current Employer

NAME: _____ PLAN NUMBER : _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____

ROLLOVER/TRANSFER REQUEST SELECTION

Differences between a transfer and a rollover

Transfer - money moves from one 457 deferred compensation plan to another 457 deferred compensation plan. The funds are commingled with current assets held in the new account.

Rollover - money moves between a 457 plan and a 401(a), 401(k), 403(b), 457 plan or IRA, and is maintained as a separate source in the account for tax purposes.

Select the type of asset transfer and fund type that apply to this request.

Plan transfer: I elect to make a 457 plan-to-plan transfer of my assets from my previous employer to my current employer in the PERA SmartSave Plan.

Select Fund Types: Pre-tax Roth

Rollover: I elect to make a rollover of my assets from my previous employer to my current employer in the PERA SmartSave Plan.

Select Funds Type: Pre-tax Roth

INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

PLEASE SELECT ONE OF THE FOLLOWING INVESTMENT OPTIONS FOR THIS ROLLOVER/TRANSFER REQUEST:

- I elect to have my funds allocated to the current investment elections I have on record with the PERA SmartSave Plan.
 I elect to have my funds allocated to the investment elections I have selected below.

If you choose to have your funds allocated to the investment elections selected below and the funds do not total 100%, your entire rollover/transfer request amount will default to the target date fund.

New Mexico Conservative Portfolio	_____	.00%	New Mexico Stable Value Fund	_____	.00%
New Mexico LifeCycle 2020 Portfolio	_____	.00%	Oakmark Equity & Income Fund - Investor Class	_____	.00%
New Mexico LifeCycle 2025 Portfolio	_____	.00%	Dodge & Cox Stock Fund	_____	.00%
New Mexico LifeCycle 2030 Portfolio	_____	.00%	Fidelity Diversified International Fund - Class K	_____	.00%
New Mexico LifeCycle 2035 Portfolio	_____	.00%	Principal Mid Cap Fund - Institutional Class	_____	.00%
New Mexico LifeCycle 2040 Portfolio	_____	.00%	T. Rowe Price Institutional Mid-Cap Equity Growth Fund	_____	.00%
New Mexico LifeCycle 2045 Portfolio	_____	.00%	Fidelity Contrafund K	_____	.00%
New Mexico LifeCycle 2050 Portfolio	_____	.00%	DFA U.S. Small Cap Portfolio - Institutional Class	_____	.00%
New Mexico LifeCycle 2055 Portfolio	_____	.00%	American Funds EuroPacific Growth Fund - Class R6	_____	.00%
Vanguard Total Bond Market Index Fund - Institutional Shares	_____	.00%	Fidelity Low-Priced Stock Fund - Class K	_____	.00%
Vanguard Inflation Protected Securities Fund - Institutional Shares	_____	.00%	WTC - CIF II Opportunistic Emerging Markets Debt	_____	.00%
Vanguard Institutional Index Fund - Institutional Plus Shares	_____	.00%	Principal Diversified Real Asset Fund - Institutional Class	_____	.00%
Vanguard Total International Stock Index Fund - Institutional Shares	_____	.00%	Invesco Global Real Estate Fund - Class R5	_____	.00%
			Aberdeen Emerging Markets Equity Fund - Institutional Class	_____	.00%
			TOTAL		100%

AUTHORIZATION

I am requesting to move my account balances from my previous employer to my current employer with the PERA SmartSave Plan. By signing this form, I certify that I am eligible for distribution from my previous employer and that the information provided on this form, including Social Security Number, is accurate and complete.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

Please send your completed Employer Change form to:

VIA FAX:

Voya Financial
Attn: PERA SmartSave
1-844-299-2373

VIA MAIL:

Voya Financial
Attn: PERA SmartSave
P.O. Box 389
Hartford, CT 06141

VIA MAIL:

Voya Financial
Attn: PERA SmartSave
One Orange Way
Windsor, CT 06095

If you have any questions, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).