

PLEASE RETURN THIS FORM TO:
 Employees Retirement System of Texas
 Customer Benefits
 P.O. Box 13207
 Austin, Texas 78711-3207
 (877) 275-4377 Toll-free
 (512) 867-3380 FAX

Prior 457 Plan beneficiary information does not transfer to Texa\$aver Plan.
 Please complete a Texa\$aver beneficiary form.
This form transfers 100% of the account balance from a prior 457 Plan vendor.

Participant's Name: Last, First, MI		Last 4 digits of SSN		Date of Birth <small>(mm/dd/yyyy)</small>	
		xxx-xx-			
<input type="checkbox"/> Check if New	Mailing Address	City	State	ZIP Code	
Agency Name		Agency #		Phone Number	

TRANSFER FROM PRIOR 457 PLAN TO TEXA\$AVER PROGRAM

Vendor Name

INVESTMENT ALLOCATION ELECTION FOR THE TEXA\$AVER PROGRAM

Please enter the percentage for this account that you want invested in the funds below. Use whole percentages. The *total must equal 100%* of the amount transferred. This election form only applies to transferred funds.
 To begin, change or stop deferrals, log onto www.texasaver.com or call (800) 634-5091.

LifePath® Portfolio Index Funds F

LifePath® Index Retirement Fund F	_____ %
LifePath® Index 2020 Fund F	_____ %
LifePath® Index 2025 Fund F	_____ %
LifePath® Index 2030 Fund F	_____ %
LifePath® Index 2035 Fund F	_____ %
LifePath® Index 2040 Fund F	_____ %
LifePath® Index 2045 Fund F	_____ %
LifePath® Index 2050 Fund F	_____ %
LifePath® Index 2055 Fund F	_____ %
LifePath® Index 2060 Fund F	_____ %

Core Texa\$aver Funds

AB All Market Real Return Portfolio Fund	_____ %
BlackRock 1-3 Year Gov Bond Index Fund F	_____ %
BlackRock Short-Term Investment Fund	_____ %
BlackRock Bond Index Fund	_____ %
Vanguard Wellington Fund	_____ %
Davis New York Venture Fund	_____ %
Vanguard Institutional Index Fund Institutional Plus Shares	_____ %
Vanguard Growth Index Fund Institutional Shares	_____ %
First Eagle Fund of America	_____ %
Munder Mid-Cap Core Growth Fund	_____ %
Lord Abbett Small Cap Value Fund	_____ %
Fidelity Diversified International Fund	_____ %

TO BE COMPLETED BY PARTICIPANT

I acknowledge and understand there is no guarantee against loss or gain from these investments.

_____ Participant Name	_____ Social Security Number
PARTICIPANT SIGNATURE _____	Date _____

TO BE COMPLETED BY ERS

AUTHORIZED ERS SIGNATURE _____ Date _____

TO BE COMPLETED BY PRIOR 457 PLAN VENDOR

I am confirming that the transfer has occurred in accordance with the above participant's instructions. I understand that all checks should be made payable to: State of Texas DCP 457 GV and mailed to State of Texas DCP 457 GV, P O Box 912223, Denver, CO 80291-2220 and should include the participant's name and Social Security number (only one check per participant).

FEES CHARGED (if any) \$ _____ DOLLAR AMOUNT TRANSFERRED \$ _____ DATE OF TRANSFER _____

VENDOR SIGNATURE _____ Printed Name _____ Date _____

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.