

Last Name	First Name	MI	Social Security Number
		_____ %	18 Small/Mid Cap Equity Index Fund
		_____ %	19 International Equity Index Fund
		_____ %	20 Real Estate Investment Trust Index Fund

Tier 3 — Actively Managed Funds

(1) Transfer restrictions apply from Stable Value Fund/Money Market Fund. For more information, please refer to the Fund Fact sheets.

_____ %	21 Money Market Fund ⁽¹⁾
_____ %	22 Active Inflation-Protected Bond Fund
_____ %	23 Active Bond Fund
_____ %	24 Active High Yield Bond Fund
_____ %	25 Active Global Equity Fund
_____ %	26 Stable Value Fund ⁽¹⁾
=100%	Percentages must be whole numbers and total 100%

Participation Acknowledgements

General Information — I understand that only pretax distributions from other governmental 457(b) plans are eligible for transfer 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 incomplete or does not equal 100%, I authorize ING to allocate the transfer assets (“assets”) the same as my ongoing contributions (if I have an account established) or to the Balanced Growth Fund which is the default investment option selected by the Plan (if I do not have an account established). If my assets are received more than 180 calendar days after ING receives this Incoming Plan to Plan Transfer form (this “form”), I authorize ING to allocate all monies received the same as my ongoing allocation election on file with ING. I understand I must call a Participant Service Representative 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 ING at the address provided on the forms.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and ING 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 ING 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 ING 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 on the first page of this form. 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 Fact 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.

Your Consent and Signature — My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Plan to Plan Transfer form. I affirm that all information provided is true and correct.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee: ING Plan Administration
 Attn: Virginia Retirement Systems
 P.O. Box 5159
 Boston, MA 02206-5159
Phone #: 1-VRS-DC-PLAN1 (1-877-327-5261)
Fax #: 1-888-998-8954

Last Name

First Name

MI

Social Security Number

Payment Instructions – (For Previous Employer’s Plan Only)

Make check payable to: State Street Bank

Include the following information on the check:

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

Wire instructions:

Bank: State Street Bank

Account no: 00501494

Routing transit no: 011000028

Reference: Participant Name, Social Security Number, Plan Number, Plan Name

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

ING Plan Administration

Attn: Virginia Retirement Systems

P.O. Box 5159

Boston, MA 02206-5159

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

ING Plan Administration

Attn: Virginia Retirement Systems

One Heritage Drive

JPB/3N

North Quincy, MA 02171

Contact: ING

Phone: 1-VRS-DC-PLAN1 (1-877-327-5261)

If sending the “form” only, please fax to 1-888-998-8954 or follow mailing instructions above. **Please also fax a wire notification form to ING at 1-888-998-8954.** To expedite receipt of funds, wire monies as indicated 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.