

**Incoming Direct Rollover
401(k) Plan**

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Advised Assets Group, LLC ("AAG"). If you have not yet elected to have your account professionally managed by AAG and would like to enroll in the Managed Accounts Service, call 1-800-338-4015.

Apollo Professional Solutions, Inc. 401(k) Plan

937620-01

Participant Information

Last Name			First Name			MI			Social Security Number					
Address - Number & Street									E-Mail Address					
City			State			Zip Code			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					

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct Rollover, as allowed by your Plan, from a qualified:
 - 401(a) plan
 - 401(k) plan
 - Governmental 457(b) plan
 - 403(b) plan
- Direct Rollover from a Traditional IRA, as allowed by your Plan

Previous Provider Information:

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

Previous Provider Must Complete:

After-tax cost basis \$ _____

After-tax earnings \$ _____

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your marketing communication materials for investment option information.

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 rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, call Client Service Department or access our Web site.

<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)
Maxim Conservative Profile II.....	G23085 _____ %	MFS International Value R2.....	GIM085 _____ %
Maxim Moderate Profile II.....	G21085 _____ %	Oppenheimer Global A.....	G86085 _____ %
Maxim Aggressive Profile II.....	G19085 _____ %	Putnam Int'l Capital Opportunities R.....	GPI085 _____ %
American Funds EuroPacific Growth R3.....	G92085 _____ %	First American Small Cap Select A.....	GFA085 _____ %



Last Name

First Name

MI

Social Security Number

Investment Option Name**Investment
Option Code**

(Internal Use Only)

Maxim Index 600.....	G93085	_____ %
Royce Total Return K.....	GRK085	_____ %
RidgeWorth Small Cap Growth Fund I.....	GSS085	_____ %
Columbia Mid Cap Value R.....	GVR085	_____ %
Fidelity Advisor Leveraged Co Stk - T.....	GFL085	_____ %
Fidelity Advisor Mid Cap T.....	G74085	_____ %
Lord Abbett Value Opportunities A.....	GVP085	_____ %
American Funds Growth Fund of Amer R3.....	G95085	_____ %
Davis NY Venture R.....	GNY085	_____ %
Marsico Focus.....	G25085	_____ %
Maxim S & P 500 Index.....	G94085	_____ %

Investment Option Name**Investment
Option Code**

(Internal Use Only)

Maxim T. Rowe Price Equity Income.....	G80085	_____ %
Oppenheimer Capital Appreciation A.....	G64085	_____ %
RiverSource Diversified Equity Income R3.....	GRD085	_____ %
Van Kampen Comstock - R.....	GVS085	_____ %
Maxim Bond Index.....	GBB085	_____ %
Maxim Loomis Sayles Bond Portfolio.....	GBC085	_____ %
Maxim US Government Securities Fund.....	GBA085	_____ %
PIMCO Total Return Admin.....	G82085	_____ %
Guaranteed Portfolio Fund.....	PORTII	_____ %
MUST INDICATE WHOLE PERCENTAGES		= 100%

Participant Acknowledgements

Advised Assets Group, LLC - If I have elected to have my account professionally managed by Advised Assets 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 rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am 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 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 by my Plan, 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 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 1-800-338-4015 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 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 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 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:**

Orchard Trust Company, LLC

Include the following information on the check:Participant Name, Social Security Number,
Plan Number, Plan Name**Wire instructions:****Account of:** Orchard Trust Company**Bank:** US Bank**Account no:** 103656586049**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):**

Orchard Trust Company, LLC

Attn: 401K Operations

Dept # 1148

Denver, CO 80256-1148

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

US Bank

3550 Rockmont Dr

Mail Stop DN-CO-OCLB Dept #1148

Denver, CO 80202

Contact: Great-West Retirement Services®**Phone#:** 1-800-338-4015

If sending the "form" only, please fax to 1-866-633-5212 or follow mailing instructions above. Funds received will not be invested unless accompanied by a completed Incoming Direct Rollover form. Funds will be invested on the day that both a completed Incoming Direct Rollover form and funds are received prior to market close.

Last Name

First Name

MI

Social Security Number

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form. I affirm that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee
Plan Administrator forward or fax as shown above in the Payment Instructions section

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

**Authorized Plan Administrator/Trustee Signature
For Current Employer's Plan**

Date

Great-West Retirement Services[®] refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.