



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

Hourly Employee 401k Thrift Plan of PCL Construction Services, Inc.

934512-03

Participant Information

Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		
Address - Number & Street		
City	State	Zip Code
()	()	
Home Phone	Work Phone	

Social Security Number			
E-Mail Address			
Mo	Day	Year	<input type="checkbox"/> Female
Date of Birth			<input type="checkbox"/> Male
		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried

To be Completed by Human Resources

Division Name	Division Number
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Direct Rollover Information

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

Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.

I am choosing a:

- Direct Rollover, as allowed by your Plan, 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)
 - Governmental 457(b) Plan
 - 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, as allowed by your Plan (Non-deductible contributions/basis may not be rolled over)

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.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

Roth contributions (no earnings): \$ _____

Roth earnings: \$ _____

Last Name

First Name

M.I.

Social Security Number

Number

Previous Plan Authorized Plan Administrator/Trustee Signature

Date

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

Amount of 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 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.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Great-West Lifetime 2015 Trust.....	N/A	A15CTX	_____	Emerald Growth Institutional.....	FGROX	FGROX	_____
Great-West Lifetime 2020 Trust.....	N/A	A20CTX	_____	Principal SmallCap Value II Instl.....	PPVIX	PPVIX	_____
Great-West Lifetime 2025 Trust.....	N/A	A25CTX	_____	Columbia Mid Cap Index Instl.....	NMPAX	NMPAX	_____
Great-West Lifetime 2030 Trust.....	N/A	A30CTX	_____	T. Rowe Price Mid Cap Growth.....	RPMGX	RPMGX	_____
Great-West Lifetime 2035 Trust.....	N/A	A35CTX	_____	Wells Fargo Spec Md Cp Val I.....	WFMIX	WFMIX	_____
Great-West Lifetime 2040 Trust.....	N/A	A40CTX	_____	Alger Capital Appreciation Ptf I-2.....	ALVOX	ALVOX	_____
Great-West Lifetime 2045 Trust.....	N/A	A45CTX	_____	American Beacon Bridgeway Lg Cap Val Y....	BWLYX	BWLYX	_____
Great-West Lifetime 2050 Trust.....	N/A	A50CTX	_____	Columbia Large Cap Index Instl.....	NINDX	NINDX	_____
Great-West Lifetime 2055 Trust.....	N/A	A55CTX	_____	iShares U.S. Aggregate Bond Index K.....	WFBIX	WFBIX	_____
American Funds EuroPacific Gr R5.....	RERFX	RERFX	_____	BlackRock Total Return Instl.....	MAHQX	MAHQX	_____
Artisan Global Value Investor.....	ARTGX	ARTGX	_____	Great-West US Govt Securities Fund Inv.....	MXGMX	MXUGM	_____
T. Rowe Price International Eq Index.....	PIEQX	PIEQX	_____	Key Guaranteed Portfolio Fund.....	N/A	KGPF	_____
T. Rowe Price Health Sciences.....	PRHSX	PRHSX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%
Columbia Small Cap Index Instl.....	NMSCX	NMSCX	_____				

Participation Agreement

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. I understand and agree that this account is subject to the terms of the Plan Document.

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 investment election on file). If no default investment option is selected by my Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider 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 the Voice Response System at 1-800-338-4015 or access Web site at empowemyretirement.com in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. I understand that this completed form must be received by Service Provider at the address provided on this form.

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 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.

Last Name_____
First Name_____
M.I._____
Social Security Number_____
Number

Outstanding Loan Balance - An outstanding loan balance cannot be included in the direct rollover. However, you may pay off the outstanding loan balance before this direct rollover is submitted. After the loan is paid off, you may submit this direct rollover request. If you do not pay off the outstanding loan balance, you may direct rollover only the cash value (not including the loan) from the contract that has the outstanding loan.

Payment Instructions

Make check payable to:

Great-West Trust Company, LLC

Include the following information on the check:

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

Wire instructions:

Account of: Great-West Trust Company, LLC**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):

Great-West Trust Company, LLC
PO Box 561148
Denver, CO 80256-1148

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

US Bank
10035 East 40th Avenue Suite 100
Dept 1148
Denver, CO 80238**Contact:** Empower Retirement
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.** We will not accept hand delivered forms at Express Mail addresses.

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, including the Participant Acknowledgements. 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.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

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.

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.

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

Authorized Plan Administrator/Trustee Signature

Date

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

For Current Employer's Plan

Print Full Name

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.