



**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 Empower Advisory Group, LLC ("EAG").

The Mid-America Management Corp. Retirement Savings Plan

375340-01

Participant Information

Last Name			First Name			MI			Social Security Number											
<i>(The name provided MUST match the name on file with Service Provider.)</i>																				
Address - Number & Street												E-Mail Address								
City				State		Zip Code		Mo			Day			Year			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()				()				Date of Birth						<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried				
Home Phone						Work Phone														

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: \$ _____

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.

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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	%
American Funds EuroPacific Gr R6.....	REGRX	REGRX	_____	AB Large Cap Growth Z.....	APGZX	APGZX	_____
Fidelity International Index.....	FSPSX	FSPSX	_____	JPMorgan U.S. Value R6.....	VGINX	VGINX	_____
Goldman Sachs Em Mkts Eq Insghts R6.....	GERUX	GERUX	_____	Vanguard 500 Index Admiral.....	VFIAX	VFIAX	_____
Nuveen Real Estate Securities I.....	FARCX	FARCX	_____	Vanguard Wellington Fund.....	VWELX	VWELX	_____
Vanguard Small Cap Growth Index Admiral....	VSGAX	VSGAX	_____	Dodge & Cox Income - I.....	DODIX	DODIX	_____
Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	_____	PIMCO Income Instl.....	PIMIX	PIMIX	_____
JPMorgan Mid Cap Growth R6.....	JMGMX	JMGMX	_____	Galliard Retirement Income Fd Fee Cl 35.....	N/A	GARI35	_____
Vanguard Mid Cap Index Fund - Admiral.....	VIMAX	VIMAX	_____	Guaranteed Interest Fund.....	GWGIF	GWGIF	_____
Victory Sycamore Established Value I.....	VEVIX	VEVIX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

Participation Agreement

Empower Advisory Group, LLC - If I have elected to have my account professionally managed by Empower Advisory 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. 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 empowermyretirement.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, 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.

Asset Allocation Models - If your ongoing allocations are being directed to an Asset Allocation Model, your total account will be rebalanced, including your rollover funds, at the next scheduled frequency. To make a change to your account, access the Web site.

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

Payment Instructions**Make check payable to:**

Empower Trust Company, LLC

Include the following information on the check:Participant Name, Social Security Number,
Plan Number, Plan Name**Wire instructions:****Account of:** Empower 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):**Empower 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
Phone#: 1-855-756-4738

If sending the "form" only, please 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.

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 for the Previous Employer's plan is released from and the Plan Administrator 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

Plan Administrator forward as shown above in the Payment Instructions section**Authorized Plan Administrator 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**

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