San Diego County Deferred Compensation Plan
Investment Transfer Out

To the Employee:

- Complete and sign below.
- If you do not have an account with Hartford, please call 1-800-528-9009 for an enrollment form.

To TRP:

- Make sure you show the employee's Social Security number and the Hartford contract number (20013) on the check.

Employee's Name: _____ Social Security number: _____

Employee's Address: _____

Employee's Phone Number: Home: _____ Work: _____

Transferring Carrier: T. Rowe Price Retirement Plan Services, Inc.

I request that you pay Hartford Life Insurance Company the following amount from my account under the 457 Deferred Compensation Plan of my present employer.

☐ Total Account Balance

☐ Partial Distribution as follows: $_____
(Please indicate dollars in the amount column.)

Funds		Amount	Funds		Amount
Emerging Markets Stock Fund	(01)	% or $_____	High Yield Fund	(57)	% or $_____
Global Stock Fund	(03)	% or $_____	Dividend Growth Fund	(58)	% or $_____
Financial Services Fund	(07)	% or $_____	New America Growth Fund	(60)	% or $_____
Spectrum International Fund	(08)	% or $_____	Science & Technology Fund	(61)	% or $_____
Emerging Markets Bond Fund	(10)	% or $_____	Mid-Cap Growth Fund	(64)	% or $_____
Personal Strategy Income Fund	(11)	% or $_____	Small-Cap Stock Fund	(65)	% or $_____
Personal Strategy Balanced Fund	(12)	% or $_____	U.S. Treasury Intermediate Fund	(66)	% or $_____
Personal Strategy Growth Fund	(13)	% or $_____	U.S. Treasury Long-Term Fund	(67)	% or $_____
Health Sciences Fund	(14)	% or $_____	Balanced Fund	(68)	% or $_____
Mid-Cap Value Fund	(15)	% or $_____	GNMA Fund	(70)	% or $_____
Value Fund	(17)	% or $_____	Equity Income Fund	(71)	% or $_____
Media & Telecommunications Fund	(21)	% or $_____	Capital Appreciation Fund	(72)	% or $_____
Real Estate Fund	(22)	% or $_____	International Bond Fund	(76)	% or $_____
Total Equity Market Index	(23)	% or $_____	European Stock Fund	(79)	% or $_____
Extended Equity Market Index	(24)	% or $_____	Spectrum Income Fund	(88)	% or $_____
International Stock Fund	(37)	% or $_____	Spectrum Growth Fund	(89)	% or $_____
New Asia Fund	(39)	% or $_____	Blue Chip Growth Fund	(93)	% or $_____
Growth Stock Fund	(40)	% or $_____	Latin America Fund	(97)	% or $_____
New Era Fund	(41)	% or $_____	U.S. Bond Index Fund	(L2)	% or $_____
New Horizons Fund	(42)	% or $_____	International Equity Index Fund	(KP)	% or $_____
Prime Reserve Fund	(44)	% or $_____	International Growth & Income Fund	(S2)	% or $_____
Small-Cap Value Fund	(46)	% or $_____	Developing Technology Fund	(6R)	% or $_____
Equity Index 500 Fund	(50)	% or $_____	Emerging Europe & Mediterranean Fund	(4P)	% or $_____
U.S. Treasury Money Fund	(53)	% or $_____	Global Technology Fund	(QW)	% or $_____
Short-Term Bond Fund	(55)	% or $_____			

Please send check to T. Rowe Life Insurance Company for the benefit of _____ (Participant Name)
P.O. Box 85343, San Diego, California 92186.

I understand that, immediately upon receipt, the amount transferred to Hartford will be credited to my account under the 457 Deferred Compensation Plan of my present employer. Please invest my distribution as follows:

Account	Amount	Account	Amount
Putnam International New Opportunities	% or $_____	Hartford Dividend & Growth	% or $_____
Hartford International Opportunities	% or $_____	American Century Income & Growth	% or $_____
Janus Worldwide	% or $_____	Scudder Growth & Income	% or $_____
American Century: 20th Century Ultra	% or $_____	American Century Value	% or $_____
Putnam Vista	% or $_____	Hartford Advisors	% or $_____
Janus Twenty	% or $_____	Calvert Responsibly Invested Balanced	% or $_____
Hartford Capital Appreciation	% or $_____	Fidelity Advisor Balanced	% or $_____
Skyline Special Equities II	% or $_____	Putnam High Yield Advantage	% or $_____
Hartford Stock	% or $_____	Hartford Bond	% or $_____
Fidelity Advisor Growth Opportunities	% or $_____	Hartford Mortgage Securities	% or $_____
Fidelity Advisor Growth & Income	% or $_____	Hartford HVA Money Market	% or $_____
Hartford Index	% or $_____	General (Declared Interest Rate)	% or $_____

Signature

_____ _____
Employee's Signature Date

_____ _____
San Diego County Representative's Signature Date

Mail completed form to:
San Diego County Deferred Compensation Office
1600 Pacific Highway, Room 112
San Diego, California 92101-2422

Distribution: White - T. Rowe Price Yellow - San Diego County Pink - Participant